Poges 1 and 2

affer death.

ited within 24 hours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificat Page 4 may be retained by the hospital or ottending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14290

	14814			CERTIF	CATE OF DEATH			1 302	U
	ECEASED-NAME First		Middle		Last	20. DATE OF	DEATH	V	2b. HOUR
- (Type or print)	rances	Pearl	A	nderson	Oct.	Month 8	1968 Year	10 P.M
3. S	EX	4. RACE			S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
I	Temale	Caucas	sian		6-5-08		lost birthday) 60 YRS		HOURS MIN.
70. cau	8iRTHPLACE (Stote or foreign ntryMichigan	76. CITIZEN OF WH		8. MARRIE WIDOWE	NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF	George's	, k	Md.
10.	CITY OR TOWN OF DEATH		ME OF HOSPITAL OR IN	TITUTION (I		AL OCCUPATION	(Kind of work done	12b. KIND OF	BUSINESS OR
Cl	neverly	Pri	treet oddress) Lnce Geo.G	en'1	Hospital during m	PERPERPE	(te, even if retired.)	INDUSTRYH	ame
adm	USUAL RESIDENCE (Where deceorission) STATE TV Land	13b. COUNTY	on: Residence before				REET AND NUMBER O Homer A	ve.	
14.	FATHER'S NAME First Willis	Middle	lost Page		IS. MOTHER'S MAIDEN NAME I		(Unknown)		Lost
	WAS DECEASED EVER IN U.S. ARI	MED FORCES? war or dates of service)	166. SOCIAL SECURITY Unknown	NO. 17	Arthur W. And	lerson,	same as #	13 (Husb	and)
	1B. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDI Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	D BY: ATE CAUSE (a) Le DUE TO, OR A (b) C		lobe	bronchopneumo	nia.			IMATE INTERVAL Diset and Death
CERTIFICATION	PART 2. OTHER SIGNIFICANT CO	St. CONDITION FOR WHI		sence	TO THE TERMINAL DISEASE ORG of right lun 20a. AUTOPSY? YES TEXT NO	g and r		St. CONSIDERED IN C	ERTIFYING
MEDICAL CE	21a. ACCIDENT WAS UNDERLY!	TH HOUR A.M.	Manth Day Year		HOW INJURY OCCURRED (Ente	r nature of inju	ry in Part 1 or Part 2	, Item 1B.)	
ME	21d. INJURY OCCURRED 21e While Not while at work of wark	. PLACE OF INJURY			LOCATION Street or R.F.D. No.		or Town	County	State
	22a. I certify that (I) (1) saw the deceased couses stated above	rlive on Oct	- 8	968 0	nd that in (my) (www) an	inion death	Oct 8 , 19 occurred on the d	9 <u>68</u> , that lote ond hour	ond from the
	22b. SIGNATURE	n B	ann		GREE PHYS.	MED. DIRECTOR	STAFE -	ct. 9, 1	L968
	22d. PHYSICIAN'S NAME (Type) Will	liam Brai	inin, M. D	•	22e. ADDRESS 6056 Cent	ral Ave	.,Capital	Hgts.Mc	1.20027
	RBMDWAL Epicity)	DATE 10-12-68			Cemetery	Suit.	N (City or Town) Land, Mary	rland	(State)
	FUNERAL DIRECTON/ilhelr 308 Suitland Ro				2So. REC'D I	1 4 19	25b. REGISTRAR	'S SIGNATURE	42.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use os the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 70 hearthy death

20,000 Wilson I W will it with territoria that record 86-2-0 progress saleled January Denter L. Transport State L. Transport to the control of the F5 (1) and the Contract of the Contra A linear continues and the self-state of the . In the large performance and the same part of the same talk, a, an instruction in angular and a contract of the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14821 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF QUATH (Type or print) CORGE 6. AGE (In years last birthday) 4. RACE 3. SEX MONTHS OAYS Male white 9/17/15 53 9. COUNTY OF DEATH 7c. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) dopers US A. WIDOWED DIVORCED Prince George's filled within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Pro Georges Hospt during most of working life, even if retired.) INDUSTRY Cheverly please remove corbon Goverment completely 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN event. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER be executed odmission) STATE 13b. COUNTY 7404 Sweetbier Drive Ma Pro Geo. College Ht Ests and in ony Middle 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Lost First Lillian L Bursey Charles M Attick certificote 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) College Heights Estates, Md Yes, no, or unknown) Helen T Attick 7728 216 44 18. CAUSE OF DEATH (Enter only one couse per ling for (o), (b), and (c).) death PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o) cremation, DUE TO. OR Conditions, if ony, which gave; buriol-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES 🗌 far use Health 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year hospital (If either, natify medical exominer) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21F. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Tawn County While Nat while at work OFFICE BUILDING FTC. 220. I certify that (1) (this hospital) attended the deceased from... sow the deceased alive on AUG , and that in (my) (ear) apinion death occurred on the date and haur and from the be retained O FUNERAL DIRECTOR: couses stated above, (1) (a) (did) (a) view the bady ofter death. 22b. SIGNATUR 22c. DATE SIGNED. **ATTENDING** STAFF PHYS PHYS. DIRECTOR Poge 4 may b 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) director, should be

24. FUNERAL DIRECTOR VR A15 (4)

23o. BURIAL CREMATION

REMOVAL (Specify)

10/24/68

23b. DATE

ADDRESS F. Gasch's Sons Hyattsville, Md.

NAME OF CEMETERY OR CREMATORY

Ft Lincoln Cemetery

25g. REC'D BY REGISTRAR

23d. LOCATION (City or Town)

Colmar Manor Pro

2Sb. REGISTRAR'S SIGNATURE

(County)

Geo

(Stote)

Md

Attich - Cot - 20 148 Fruit Hyourdal Failure Superior Theremake Hard process 2542+ Frame To-P. (Vallage That M. 100 1 5 1861 C Virilla Sept. 3

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14822

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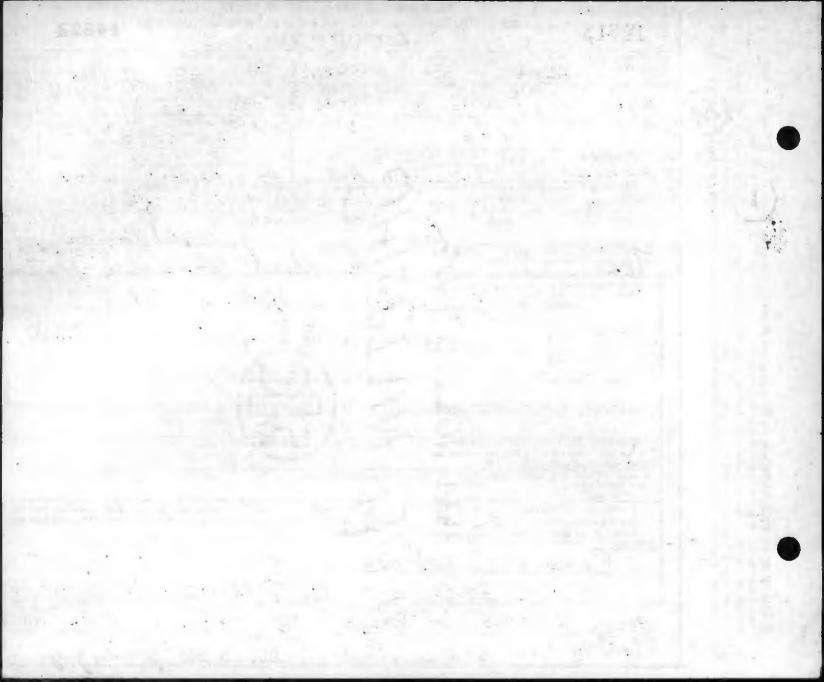
	TROTA	į į			CERTIFIE	CALE OF DEAL	H			
(1	CEASED-NAME ype or print)	CERTA	8. B	Middle HEL	EN	BAILEY	2g. DATE (4-68 D	ay Year	2b. HOUR 8:55 pM
3. SE.	X		4. RACE			S. DATE OF BIRTH		6. AGE (In years last birthday)	MONTHS DAYS	HOURS MIN.
	Female		Whi		T:-	3-27-94	T	74 YR		
7a. B	IRTHPLACE (State at		b. CITIZEN OF W	HAT COUNTRY?	B. MARRIED	NEVER MARRIED	9. COUNTY C	OF DEATH		
	"" Penna		USA		WIDOWED	/ 144	Frince	Georges		Md.
	ity or town of bi Riverda			iAME OF HOSPITAL OR IN street address) Leland I	stitution (if Vemor	during	mast of working	N (Kind of work dans ig life, even if retired. Ekceper	INDUSTRY	F BUSINESS OR
3a.	USUAL RESIDENCE (liyed, if institu	tian: Residence befare	13c. CITY O			STREET AND NUMBER	1 0/0//	120/1-
ıdmi	ssian) STATE	Penna	/3b, COUNTY	ELK	Ker	sev YEV	NO 🗌			
14. F	ATHER'S NAME	First	Middle	Lost		S. MOTHER'S MAIDEN NAM	IE First	Middle		Last
-	TERRA	NCE		PROW	N	ROSE	A	DAMS		
	WAS DECEASED EVE es, na, ar unknown)		D FORCES? or dates of service)	16b. SOCIAL SECURITY	NO. 17.	INFORMANT MRS WW	K. FOW	Address EUCE	BUENA	. WH. 1 V.C.
7	70 0	ATTIL (C	0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 5 0 0	1-11/2 00/0	1.1.1.1000	N COCE	APPROX	XIMATE INTERVAL
		H WAS CAUSED I		he for (a), (b), and (c)	1/200	mante	47		BETWEEN	DINSET AND DEATH
	412			AS A CONSEQUENCE OF		11		a.		
	Canditians, if any,		(6)	Vituro	Denne	was Mile	unsur	V. V. Wec	Sus	
	rise to immediate stating the under		DUE TO, OR	AS A CONSEQUENCE OF						
	last.)	(c)							
	PART 2. OTHER SIG	SNIFICANT COND	ITIONS CONTRIBL	JTING TO DEATH BUT N	OT RELATED	TO THE TERMINAL DISEASE	ORCONDITION GIV	VEN IN PART 1(a)		
×	443 X									
MEDICAL CERTIFICATION	19a. DATE OF OPERA	ITION 19b. CC	INDITIÔN FOR W	HICH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES NO		IF YES, WERE FINDINGS SES OF DEATH?	CONSIDERED IN	CERTIFYING
CER	21a. ACCIDENT WA		m. 1 00 1 1111 111 0			HOW INJURY OCCURRED (Enter nature of in	jury in Part 1 ar Part :	2, Item 18.)	
SIC	OR CONTRIBUTING (HOUR A.M.	,	9					
ME	21d. INJURY OCCU	IRRED 21e. Pl	LACE OF INJURY	AT HOME, FARM, STREET, FA	CTORY.) 21f. L	OCATION Street or R.F.D.	No. Ci	ty ar Tawn	County	State
	While Nat who	k 🗆		COLLEGE BOILDING, ETC.		C (1/1)	1- 1	1.01	100	
	22o. certify	thot (I) (this	hospital), ot	ended the deceas	ed from_	and 'I	100			it (I) (we) lost
	saw the o	deceased ali	ve on	44	19 <u>-</u> ar	nd that in (my) (The)	opinion deoth	occurred on the	dote and hour	rand from the
	22b. SIGNATURE	ated above,	(I) (we) (did)	(did not) view the	body affer	death.		1.6	DATE CICHED	
	226. SIGNATURE	10.08	Wi de	N. au	DEG	GREE PHYS.	MED. DIRECTOR	STAFF PHYS.	DATE SIGNED	468
	22d. PHYSICIAN'S NAME (Type)	ROBE	RT	C. WING	FIEC	22e. ADDRESS	- 47.6			
23 a	BURIAL, CREMATION	N. 23b. DA	TE	23c. NAME OF			23d. LOCA	TION (City ar Tawn)	(County)	(State)
1	REMOVAL (Spetify)	l 10-	8-68	St 1	Bon	Marce Ce	in /L	errey	Elke	Perun,
	FUNERAL DIRECTOR		, 1	ADDRESS	15	73- /	D BY REGISTRAR			
1	le Wall	Hom	alder	al All	ree /	DATE O	CT 8	1968 1200	arles la	idge.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending prescious and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please-remove carbon pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with the 72 hours after death. VR A15 (4) 30M REV, 1/68

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or ottending physicion.

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours.

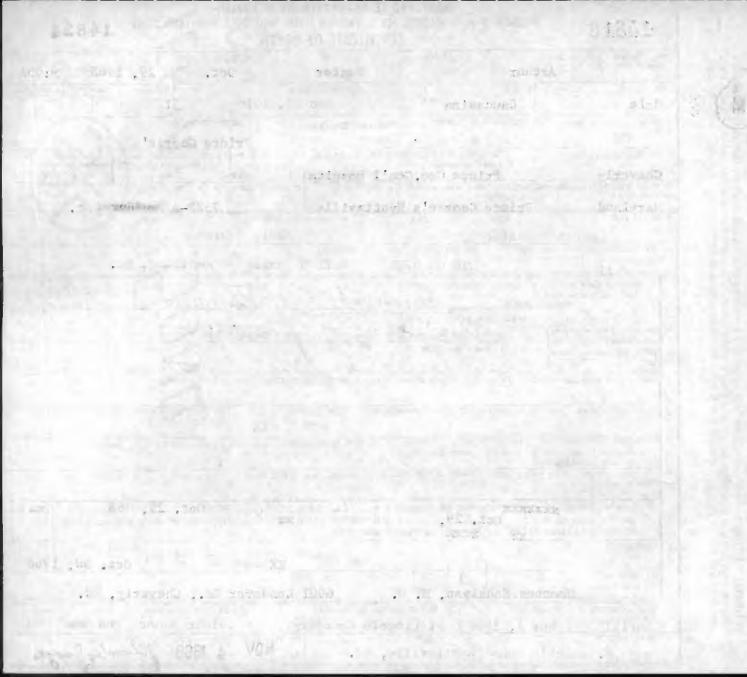
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14824

			CEKIIFIC	AIL OF DEATH	П					
1. DECEASED-NAME	First	Middle		Lost	2a. D	ATE OF DEATH		2b. HOUR		
(Type or print)	Arthur	H	Ba	xter	00	ct. Month 29	, Day 1968 Year	9:05A		
3. SEX	4. RACE			S. DATE OF BIRTH		6. AGE (In year	S IF UNDER 1 YEA			
Male	Cauca	sian		Dec 16,	1916	lost59rthdoy)	YRS.	12 MANKS WIF		
7o. BIRTHPLACE (State or for country)			B. MARRIED [NEVER MARRIED	9. COUN	ITY OF DEATH				
Md	US	A	WIDOWED		Prin	nce George	s	1		
IO. CITY OR TOWN OF DEATH Cheverly	give s	AME OF HOSPITAL OR I treet address) nce Geo.(during	ISUAL OCCUP	ATION (Kind of work of grking life, even if retir	done 12b, KIND	OF BUSINESS OR		
130. USUAL RESIDENCE (When	re deceased lived, if instituti					A 13e. STREET AND NUMBE		1 00		
odmission) STATE Maryland	13b. COUNTY	Ceorge's	Haratter	HIIA YES	NO 🗌	7522-A Haw	tkormo c+	C. 100		
14. FATHER'S NAME Firs		Lost		MOTHER'S MAIDEN NAM	€ First	Midd	42 10 10 10 10	Lost		
Geor	rge P Baxter			Sad	ie Rob	oinson				
16a. WAS DECEASED EVER IN	U.S. ARMED FORCES?	16b. SOCIAL SECURIT	Y NO. 17. IN	FORMANT		Addre	ess			
Yes, no, ar unknown)	(If yes give war or dates of service)	218 05 67	778	Nell G Bax	ter	kentland,	Md.			
1B. CAUSE OF DEATH PART I. DEATH WA Conditions, if ony, whi rise to immediate co- stating the underlying lost.	DUE TO, OR A (b) (b) (ch gave) (use (a).	s a consequence o	mon s	of po	auk n J	reas E	BETWEE	ROXIMATE INTERVAL EN OMSET AND DEATH		
11574	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
190. DATE OF OPERATION	19b. CONDITION FOR WHI	ICH OPERATION WAS F	PERFORMED	20a. AUTOPSY? YES NO.		20b. IF YES, WERE FINDI CAUSES OF DEATH?	NGS CONSIDERED IN	CERTIFYING		
OR CONTRIBUTING CA	USE OF DEATH HOUR A.M. ol examiner)	Month Day Yea	19	W INJURY OCCURRED (E			ort 2, Item IB.)			
While Not while							County	State		
22a. I certify that saw the dece couses stated	(1) (this describe) atte osed alive onOC. I d abave, (1) (we) (did) (nded the decea 29 (six not) view the	sed fram 19 <u>68,</u> and bady ofter d	that in (my) (680) o	opinion de	o <u>Oct. 29</u> eath accurred on th	, 19 <u>68</u> , th ie date and hai	at (i) (seet la ur and from th		
22b, SIGNATURE			DEGRE	ATTENDING -	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED Oct. 30			
22d. PHYSICIAN'S NAME (Type)	Ohannes Saha	Kyan, M.	D.	22e. ADDRESS		Rd., Cheve		1		
23a. BURIAL, CREMATION, REMOVAL (Specify)	236 DATE NOV 1, 196	23c. NAME O	F CEMETERY OR (Cemetery	23d. L	ocation (city or Town) olman Nanos	(County)	(State)		
24. FUNERAL DIRECTOR F. G	asch's Sons	ADDRES Hyattsvi		2So. REC	OV REGIST	4 1968 REGIST	RAR'S SIGNATURE	Judge.		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in (by edirector, page 3 should be detached for use os the burial-transit permit. Then please remove corbon papers. Page should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours. Page 4 may be retained by the hospital or attending physician. VR A15 (4)-



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ECEA	SED	NA	WE	
Turna	OF I	O.F. PV	14	

ficate has been signed by the attending physician and completely filled in by the (c. e.a.)	for use as the burial-transit permit. Then please remove carbon papers. Pages l'and/2	Health prior to buriof, cremation, or removal, and in any event, within 72 hours after death.	. /	10 mm 10 mm 12 mm
After this certifi	be detoched f	Stote Dept. of I		
O FUNERAL DIRECTOR: /	director, poge 3 should	should be filed with the		
-			Da.	r

certificate be executed within 24 hours ofter death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death Page 4 may be retained by the hospital or ottending physicion.

- 1		T-20T-0		CENT	HITICALE OF DEATH		2000	
ı		CEASED NAME First		Middle	Lost	20. DATE OF DEATH		2b HOUR
١	(1	ype or print)	Earl	Milton	Bean	Oct. Month 23,	Doy 196801	3:55 N
ľ	3 SE	X	4. RACE		S DATE OF BIRTH	6 AGE (In years lost birthday)	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN
ŀ		Male	Caucasia		Sept. 17	1904 64 YR	S.	
		BIRTHPLACE (State or foreign htry) Md	7b. CITIZEN OF WHAT I	ă me	RRIED XX NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Prince George's		Md
١		ITY OR TOWN OF DEATH Cheverly	give stree	OF HOSPITAL OR INSTITUTION to oddress) Ce Geo.Gen	1 Hospital during	UAL OCCUPATION (Kind of work don most of working life, even if retired Retired Baker		
		USUAL RESIDENCE (Where deceose ssion) STATE Maryland	ed lived, 4 institution: 13b COUNTY Prince Ge	Residence before 13c. (13e. STREET AND NUMBER NO 5703 Nichols	on St.	
	14. F	ATHER'S NAME First Spence	Middle r Bean	Last	is. Mother's maiden name Ethe			lost
	lóo Y	WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (15 yes give we	ED FORCES?	SOCIAL SECURITY NO. 28 09 6878	17. INFORMANT Naomi G. Bea	an East Riverd	ale, Md.	
		18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED Conditions, if ony, which gove Isso to immediate cause (a), stating the underlying cause lost.	BY: TE CAUSE (o) He: DUE TO, OR AS A			axia with coma; plegia & aphasia		nset and death
	CERTIFICATION	PART 2 OTHER SIGNIFICANT CON 190. DATE OF OPERATION 19b. C	S CONSIDERED IN C	ERTIFYING				
	MEDICAL CERTIF	23 o. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF CRAFT (If either, notify medicol exomin	HOUR A.M. N	URY Nonth Day Year 19	YES NO [21c HOW INJURY OCCURRED (Ent	CAUSES OF DEATH? Y Ter noture of injury in Port 1 or Port	es 2, Item 18.)	
١		21d INJURY OCCURRED 21e. While Not while at work 21 work	PLACE OF INJURY (AT		21f. LOCATION Street or R.F.D. N		County	Stote
		220. 1 certify that (I) (this saw the deceased of couses stoted above	ve on Oct	2319_6	8, and that in (my) _(அழ ் பு	pinion death occurred on the	19 <u>68</u> , that date and haur	(I) (xxx) last and from the
		22b SIGNATURE	m B	Cam	ANENDING PHYS 22e, ADDRESS	MED. STAFF DIRECTOR PHYS.	DATE SIGNED	186
			B. Cameron		3503 Perr	y St., Mt. Raini		20822
	230.	BUR AL CREMATION, 23b C REMOVAL (Specify) Oct	26 , 1 968	23c NAME OF CEMET	oln Cemetery	23d LOCATION (City or Town) Colman Manor	(County)	(Store) Md.
	24.	FUNERAL DIRECTOR		ADDRESS IS Hyattsv:	2So. REC'D	BY REGISTRAR 2Sb. REGISTRA		

30M REV. 1268,0



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formed director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages I and should be tiled with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 hours after death

VR A15 (4) 30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital ar attending physician.

within 24 haurs aftg

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14826

					CEKITE	CAIE UF	DEALL						
	CEASED NAME	First		Middle		Last		2a. D	DATE OF DEATH				HOUR
(1	ype or print)	Irene	<u> </u>	S.		Bean			Octobe:	r 29	1968	17	S'A M
3. SE	Χ	1	4. RACE			S. DATE OF BI	RTH		6 AGE (In	vegrs	IF UNGER 1 YEAR		R 24 HRS.
	Female		Whit	e		12	-2-83		last birthd	lαγ) / YRS.	MONTHS OAYS	HOURS	M M
70 B	IRTHPLACE (State or fore	gn 7b	CITIZEN OF WHA	T COUNTRY?	8 MARRIED	NEVER MAR	RIED	9. COUN	NTY OF DEATH				
CODA	maryland		USA		WIDOWED		KCED 🔲		Prince G	eorge			Md
10. C	r iverdale	2	11, NAN give str	AE OF HOSPITAL OR IN Bugene	stitution (if Lelan	nat in haspital id Memor	12a USU.	IAL OCCUI	PATION (Kind of war rorking life, even if SEWIIE	rk done retired.)	12b. KIND OF INDUSTRY	BUSINES	S OR
130	USUAL RESIDENCE (Where	deceosed	ived, if nstitution	n- Residence befare	13€, CITY C	OR TOWN	13d. INSIDE CITY		13e. STREET AND NU	MBER			
dans	ssion) STATE Mary	land	Pri	nce Geo.	Belt	sville	YES N	10 🗌	3107 Cr	aigla	wn Rd.		
14 F	ATHER'S NAME First		Middle	Last		IS MOTHER'S MA	UDEN NAME	First		Middle		Last	
	John	2		Brady				Sara	ah		Jo	ones	3
lóa. V	WAS DECEASED EVER IN 1 es, ng, or unknown) (If	TS ARMED	FORCES?	16b. SOCIAL SECURITY		. INFORMANT	_		A	lddress			
	No	No	dates at service)	none		Medical	Recor	ds					
	18. CAUSE OF DEATH (I PART I. DEATH WAS	CAUSED BY		for (a), (b), and (c)	1 —	TUAL	BL	498	INE		BETWEEN O	MATE INTER	
	IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF												
	Canditians, if any, which		Jb) (Flor N	ofth	1 00	اسره	2				41	price "
	rise to immediate caus stating the underlying		DUE TO, OR AS	A CONSEQUENCE OF	1	/	1				4.		
	last.	(dose)	(d)	Cer	wis	als J	Me	7			me	7 (12-
	PART 2 OTHER SIGNIFIC	ANT CONDITI	IONS CONTRIBUTI	NG TO DEATH BUT N	OT RELATED	TO THE TERMINA	L DISEASE OR	CONDITIO	ON GIVEN IN PART 1(0)			
z	8 t												
CERTIFICATION	190. DATE OF OPERATION	19b CON	DITION FOR WHIC	H OPERATION WAS P	ERFORMED	20o. AUTO		_	20b. IF YES, WERE F	INDINGS CO	NSIDERED IN C	RTIFYIN	IG
ERTIF	21o. ACCIDENT WAS UN	DEBLYING	Tayl Time Or	MATERIAL TOTAL	101-	YES 🗆			-6 ' D-4 1	- D-+ 0 1	10.1		
MEDICAL C	OR CONTRIBUTING CAUSE	FTASO TO 38	HOUR A.M. P.M.	Month Day Year		טט זאטנאו שיטוא	UKKEU (Ente	er noture	of injury in Part 1 o	ar Part 2, Iti	em 16.)		
ME	21d INJURY OCCURRED	21e. PLA	CE OF INJURY (AT HOME FARM, STREET, FA		LOCATION Street	t ar R.F.D. No	Ď.	City or Town		County		State
	While Nat while at wark							-			*		
	22a. I certify that saw the dece	(I) (this h	aspital) atter	nded the deceas	ed from_	OCT. A	. / , 19	00,	to UCT.29	, 19_	OO, that	(I) (v	ve) last
	causes stated	ab o ve, (i) (we) (did) (did nat) view the	bady after	r-death.	y) (aur) ap	imigii a	leain accurred o	n me aar	e ana naur	ana iri	am me
	22b SIGNATURE	WAR	2	_	11 1				421		ATE SIGNED		
		NUU	MM	MAN	AL DE	REE PHYS	^{vG} [⊠ ¦	MED. DIRECTOR	STAFF PHYS.] Oc	t 29.	196	8
	22d. PHYSICIAN'S	Tel 1	72.33.2	24 73		22e. ADD		,					
	NAME(Type) R.	Y . Y	Vilkinso	n, M.D.		4408	Queen		y Rd., R		ale, Mo		
230.	BURIAL, CREMATION,	23b. DATE				R CREMATORY			LOCATION (City or To		(County)	(Stat	,
	BWAT2FTA	11.	1.68	- A- A-		Cemete			orestvi		Mary]	and	1
_	FUNERAL DIRECTOR		0.00	ADDRES:		Wash.	2Sa. REC'D			GISTRAR'S S			
L	ee Funera	r Hon	ne 300.	4th st	NE	D_C.	DATE NO	JY	4 1968	Xua	res fo	475	line .



CERTIFICATE OF DEATH

- 1									
	1. DE	ECEASED-NAME First		Middle	Last	20	. DATE OF DEATH		2b. HOUR
	(T	(ype or print)	nude	L.	Bender		Oct. Month	28. Doy1968	12:15 N
									تتكني بالكراب
	3 SE	X	4. RÁCE		S. DATE OF BIR	TH	6. AGE (In	years IF UNDER	DAYS HOURS MIN
2		Female	Caucasia	n	Marc	h 3, 190	I lost both	day) MONTHS YRS.	DATS HUURS MIN,
1	7a. B	BIRTHPLACE (State or foreign 75	CITIZEN OF WHAT COUN	TRY? B. MAR	RIED NEVER MARR	IED 9 CC	DUNTY OF DEATH		
	caun	otry) Ohio	USA		WED DIVORG			1-	88.4
/	10.0	CITY OR TOWN OF DEATH	III MANY OF U	OSPITAL OR INSTITUTIO		turner	rince Geor		Md
2017			alve street add	trace) a e	M (It not in riospiral	duing most of			KIND OF BUSINESS OR
1	Ci	heverly	Prince	Geo.Gen'1	. Hospital	House	f working life, even if WIIC	1611(60.)	JIK!
	13a	USUAL RESIDENCE (Where deceased	lived, if institution. Resi	dence before 13c (I	TY OR TOWN	3d. INSTOE CITY LIM TS?	13e STREET AND N	UMBER	
	nr.	MARYTAND P	rince Geo	່າດີລະ	ral Hills	YES NO	5313 P S	Street, S	E.
, 1	14 8	FATHER S NAME First	Middle	Last	IS MOTHERS MA	DEN NAME First	-	Middle	Last
7.	14, 1					-		Middle	FQ31
		Payne		tone		alina F	lichardson		
	160	WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b. SO	CIAL SECURITY NO.	17. INFORMANT			Address Coll	Llege Park,
	Y	es, no, errunknown) (if yes give war a	Logins di sarvical	-	Raymond	C. Bend	ler 9711	52nd Ave.	Md.
					4		7,		APPROXIMATE INTERVAL
		1B. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	V.					8	BETWEEN ONSET AND DEATH
		PART I, DEATH WAS CAUSED B	CAUSE (o) Mass	sive_acute	left cer	ebral in	farct.		
	Н	4.53 4	DUE TO, OR AS A CON						
	ш	Canditions, if any, which gave)	DDL 10, DR 74 R COR	SCHOCKEE OF					
	П	rise to immediate cause (a),	(b)						
		stating the underlying couse	DUE TO, OR AS A CON	ISEQUENCE OF					
		last.	(c)						
		PART 2 OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO	DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE OR CONDI	TION GIVEN IN PART 1	(a)	
	CERTIFICATION	19g. DATE OF OPERATION 19b. COI	NDITION FOR WHICH OPER	ATION WAS DEDUCADED	D 20a, AUTOP	cva	OUT IE ACC PREDE	FINDINGS CONSIDER	ED IN CEDITIEVING
	ব্র	170. CO	NUMBON FOR WHICH OPER	Allon WAS PERFORME			CAUSES OF DEATH?		D IN CERTIFIEND
[I∷⊟				YES XXX NO C CAUSES OF DEATHY YES				
		21a ACCIDENT WAS UNDERLYING			TO HOW INJURY OCCU	IRRED (Enter nati	ure of injury in Part 1	or Port 2, Item 18.)	_
	3	OR CONTRIBUTING CAUSE OF GEATH	HOUR A.M. Month	Day Yeor					
	EDICAL	(If either, notify medical examiner)	ACE OF INJURY (AT HOME	EARM STREET EACTORY V	DIA LOCATION Comme	D [D No	City or Town	Count	ly State
	[- [While Not while	OFFICE BI	UILDING, ETC.	ZII, LUCATION SITEET	OI K F.D. NO.	city or lown	Count	y Sidle
		at work of work							
	L	22a. I certify that the certify	haspital) attended	the deceosed fro	nOct2	1. , 19.68_	, ta_Oct_ 2	1968	, that () (we) lost
		saw the deceased aliv	e on Oct	281968_	, and that in (m y) (our) opinior	n death occurred o	n the date ond	hour ond from the
		causes stated abave	ox totx) (bib) (ew) श्री	t) view the body o	ifter death.				
		22b SIGNATURE	- 0.		ATTENDAN	D DIED	07455	22c DATE SIG	NED
		Viel	uaus n	1	DEGREE PHYS	MED. DIRECT	OR STAFF	Oct.	28, 1968
		22d. PHYSICIAN S	-		22e ADDR			A ULL	20, 1300
			J. Hernand	lez M. D.			en'l Hospi	tal Chev	erly. Md.
		101148							
	230	BURIAL, CREMATION, 23b. DAT		3c NAME OF CEMETER			d. LOCATION (City of T	igwn) (Coun	ity) (State)
7			1-1-68	Cedar Hi	L1 Cemeter	v	Suitland	Pr. C	teo Md
N	24 ,	FUNERAL DIRECTOR ilhelm Funeral H	1	ADDRESS	1 0 #1	2So REC'D BY RE		EGISTRAR'S SIGNATU	JRE
1	W	lineim Funeral H	10me 4308 3	uitland Ro	le Se Lie	DATE NOV	4 1968	Acharla	Oudet
					i	THE PARTY		11	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filler director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye karbon pages shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in arry-event, withing VR A15 (4) 30M REV 1/66

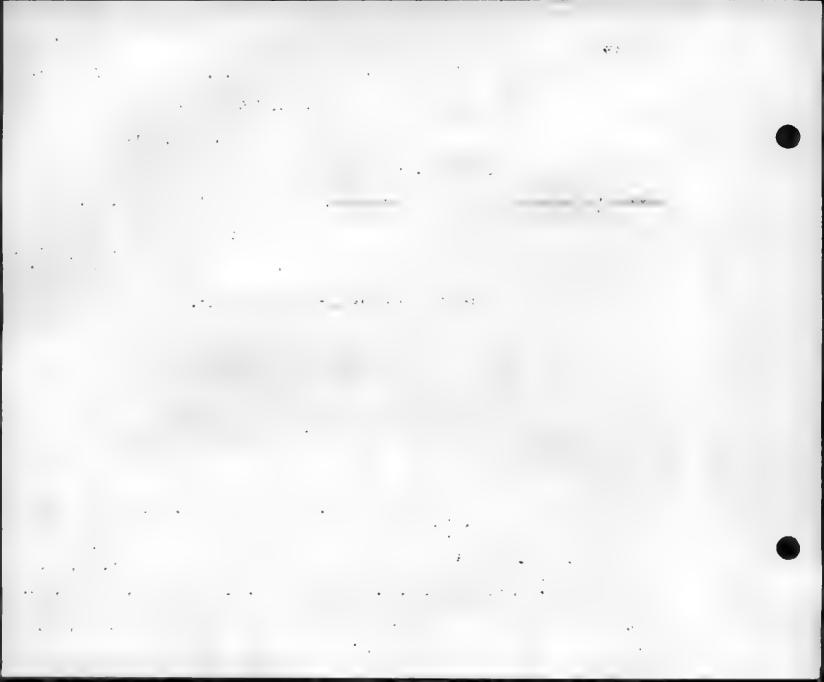
completely filled in by the funeral

after death.

haur

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician



,	,	It	ems 21a-2'a f:		ID STATE DEPARTMEN				
A. Carried	1		14820	DIVISION OF VITAL RECORDS	CERTIFICATE OF D		MAKILANU ZIZUI	14828	2
-i	2.5	1. 01	CEASED-NAME First	Middle	Last		TE OF DEATH	1 1000	25 HOUR
leot	neral ond 2 death.	(1	ype or print)	canne.	Benne	0++	Month D	oy Year 8	8:20
ter o	270	3. SE	Χ <	4. RACE	S DATE OF BIRT	TH	A AGE (In years	IF UNDER 1 YEAR IF	UNDER 24 HRS.
s of	學問題		Fernak-	Cav.	7-3		SE YRS		SURS INTH
hour	E 22 E	7a E	IRTHPLACE (State or foreign try)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRII	EV	Y OF DEATH		
24	popers in 72	10.0	TENNOL. ITY OR TOWN OF DEATH	U.S.	WIDOWED DIVORCE ISTITUTION (If not in hospital		nce Geard	1	Mi
be executed within 24 hours after deoth	bad completely filled remove carbon pops n any event, within 7	1 2	green belt	give street address)	nualescent Cent	during most of wor	rking life, even if retired)	INDUSTRY	HINGSUK
≫ .	arbelletel nt, v	13o.	USLAL RESIDENCE (Where deceos	ed lived, if institution: Residence before	13c CITY OR TOWN 13c	d. INSIDE CITY LIMITS? 13	Se STREET AND NUMBER	n si	1 77600
13	sad completely fremove carbon and event, with	odmi	ssion) STATE Md	13b. COUNTY Pr. Kleo	Hyalterle 1	YES NO 🗆	3911 Comma	nder Unive	<u></u>
	d and d	14. [ATHER S NAME First	Middle Last	IS MOTHER'S MAID	DEN NAME First	Middle		Last
	pleose il, and in		Samue	Hally		Larinay		La	19.
ficat	signed by the attending physician bad-e6mpletely filled in burial-transit permit. Then pleose remove carbon poper burial, cremation, or removol, and in any event, within 72			AED FORCES? yor or dates of service) 16b. SOCIAL SECURITY	NO. 17 INFORMANT	1 3.41	Address Still	house	1/.
certi	hen		19 CAUSE OF DEATH (Fater on	iv one cours par line for (a) (b) and (c	110. 120	FED) Lee	Hall te	APPROXIMATE	INTERVA.
ŧ	rrer T		PART I DEATH WAS CAUSED	ity one couse per line for (a), (b), and (c) BY. ATE CAUSE (a)	min		July 3	BETWEEN DINSET	AND DEATH
o de	attendi permit. Ion, or r		+37.9	DUE TO, OR AS A CONSEQUENCE OF	1001	7 /			
ŧ	asit p		Conditions, if any, which gave is rise to immediate cause (a),	(b) Fractic	LE of KIL	ib			
ā th	signed by the burial-transit burial, crema		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	1	Mrs. Sa			
V: The low requires the or ottending physician.	signed l burial-tr burial, c		PART 2 OTHER SIGNIFICANT CON	(c) LEVER BUT IN DITTIONS CONTRIBUTING TO DEATH BUT I	FOT DELATED TO THE TERMINAL D	Clerrory	COVER IN DARK 3/-3		
red ig pl	0 e si		-	DITIONS CONTRIBUTING TO DEATH BOT I	OF RELATED TO THE TERMINAL D	DESERGE OR CONUSTION	SIVEN IN PART I(O)		
low indir	s the	ATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P	ERFORMED 200 AUTOPS		Ob. IF YES, WERE FINDINGS	CONSIDERED IN CERTI	FYING
The	e hos been use os the alth prior to	CERTIFICATION			YES 🗆	HO □ C	AUSES OF DEATH?		
AN I	or u deal		2) a. ACCIDENT WAS UNDERLYIN		21c. HOW INJURY OCCUR		f injury in Port 1 or Port 2	, Item 18.)	
Spite	ed f ed f	MEDICAL	(If either, natify medical examin	ner) D: 34.M. AUG II					
ING PHYSICIAL by the hospital	this certificate letoched for us Dept. of Healt	_	While Nat while K	PLACE OF INJURY (AT HOME FARM, STREET, IN COFFICE BUILDING, ETC.)	(TORY,) 21f LOCATION Street of		City or Town	County	State
S ÷	er# e de otel		22a I certify that (1) (the	eenbelt Convales	ed from 11 Cua	enbelt,	Greenbelt	PG that (I)	(wm) las
S d b	a Aff		saw the deceased a	is hapital) attended the decease live an (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	19 🐼 , and that in (my)	(aur) apınian de	ath accurred an the d	late and haur and	d fram th
toine	2 2 4 5 5 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6		22b. SIGNATURE	(I) (Index) view the	bady after death MCCT.	dent	22.	DAPE SHENED	0/
OR ATTENE be retoined	FUNERAL DIRECTOR: After rector, page 3 should be drould be filed with the Stote		Millim K	Bulman	DEGREE PHYS	MED DIRECTOR	STAFF D	7-1016	1
AI (page file		22d. PHYS.CIAN'S	0 11 = 11 = 1	22e. ADDRE		11113	1 13 E	•/
4 m	d be	L	NAME (Type) HATHU	K KAUFNIAN					-1
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate Page 4 may be retained by the hospital or ottending physician.	O FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detoched for use os the should be filed with the Stote Dept. of Health prior to	23a	BURIAL (REMATION, 23b. I	SATE 239 NANE OF	CEMETERY OR CREMATORY	27d 10	CATON (City F Town)	(County)	(State)
5	=	24	FUNERAL DIRECTOR 1	-8-1900 DOULTE	belige /foll	ISO, REC'D BY REGISTR	AR 25b REGISTRAR	'S SIGNATURE	YUKA
	VR A15 [4] 30M REV 1/68	6	Potton Wells	to all coperate	161. 11 46.	DATE OCT &		cores Jud	ge
		1	Part Branch on	KCA BOAC ARREST					-



	TAGET		(ERTIFI	CATE OF DEATH		1 10	23
	ECEASED-NAME	First	Middle		Lost	2o. DATE OF DEATH		2b. HOUR
(1	ype or print)	Arthur	E	E	Bingler	Oct. 18 Doy	1968	10:30
3. SE	Х	4. RACE			S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Male		Caucasian		4/12/08	lost birthdoy) 60 YRS.	MONTHS DAYS	HOURS M.N.
70 I	BIRTHPLACE (Stote or foreig		WHAT COUNTRY?	B. MARRIED	NEVER MARRIED	9 COUNTY OF DEATH		
COUI	Try) Virginia	U.S	5.A.	MIDOMED		Prince George's	S	Md.
10, (ITY OR TOWN OF DEATH	11	NAME OF HOSPITAL OR INS	TITUTION (If	not in hospital 120 USUA	L OCCUPATION (Kind of work done	12b KIND OF	F BUSINESS OR
	Cheverly		ve street oddress) Prince Georg			ost of working life, even if retired)	Publi	c School
	USOAL RESIDENCE (Where ission) STATE	deceased lived, if hist 13b. COUNT	Itut on. Residence before	13c CITY C				
14	Maryl	and	Prince Geo.	Seat	. Pleasant	- 1 309 /UEB SE		
14. 1	FATHER'S NAME First	Maddle Bingl	-		IS. MOTHER'S MAIDEN NAME FI			Lost
160	WAS DECEASED EVER IN L		16b. SOCIAL SECURITY I	10 17	INFORMANT	K. Hughson		
	es, navor unknown)	es also was of dates of service)	577-30-6				7	
18. CAUSE OF DEATH (Enter only one couse per tine for (o), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE (AUSE (o) IMMEDIATE (AUSE (o)								
	Conditions, if any, which rise to immediate couse stating the underlying c lost. 4 201	gove) (b) ∠ e (a), ouse) DUE TO, C	R AS A CONSEQUENCE OF		digrasela			
×	PART 2. OTHER SIGNIFICAL		LOW TO DEATH BUT NO		TO THE FERMINAL DISEASE ORCO	ONDITION GIVEN IN PART I(0)		
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PE	RFORMED	206. AUTOPSY? YES NO	20b IF YES, WERE FINDINGS OF CAUSES OF DEATH?	ONSIDERED IN C	CERTIFYING
MEDICAL CER	210. ACCIDENT WAS UND ☐ OR CONTRIBUTING ☐ CAUSE (If either, notify medical	DE DEATH HOUR A.	OF INJURY M. Month Day Year M. 19		HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2,	ltem 18.)	
ME	21d. INJURY OCCURRED While Not while of work				LOCATION Street or R.F.D. No.		County	State
	saw the deceas	sed alive on	attended the decease id) (did not) view the	968,01	nd that in (my) (our) api), to 180, 19 nion death occurred on the da	€₽ , that te and havr	(I) (we) last and from the
	22b SIGNATURE	All.	- M	O DEC		ED STAFF 22c	DATE SIGNED	1968
	22d. PHYS CLAN'S NAME (Type)	R Deitz			Pro Geo Pl	aza, Hyattsville	, Md.	
2 3o	BURIAL, CREMATION REMOVAL (Specify)	23b DATE Ct 21, 1	968 23c NAME OF Ft Lii			23d LOCATION (City or Town) Colman Manor P	(County)	(Stote)
24.	FUNERAL DIRECTOR	F. Gasch	s Sons ADDRESS	ille,	Md. 2So REC'D BY		SIGNATURE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical conditional series of the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 74 has raffer death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 30M REV 1/68

be executed within 24 hours after death.

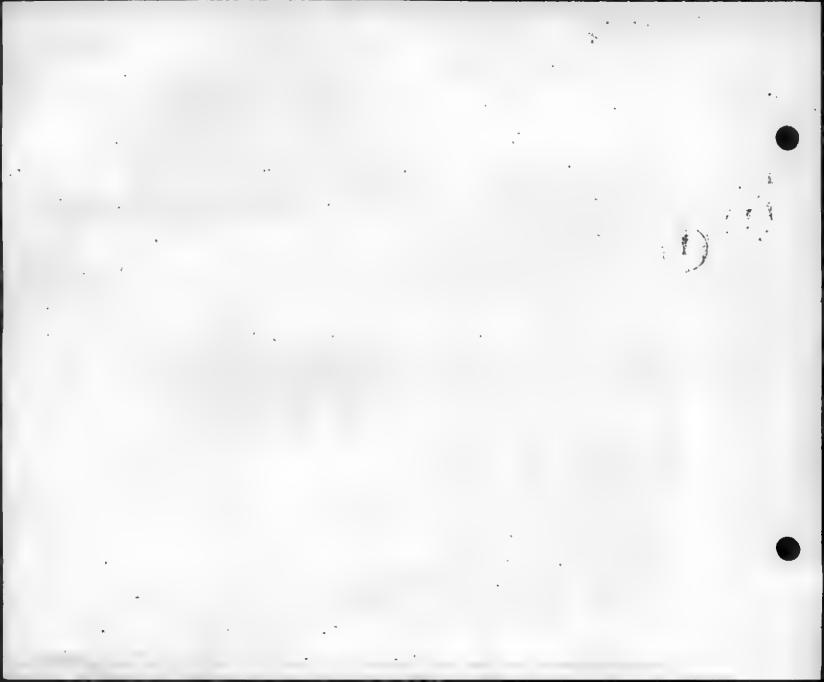
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 4822 CERTIFICATE OF DEATH 14830 DECEASED-NAME First Middle Lost 2g. DATE OF DEATH 2b. HOUR (Type or pnnt) Pichard Month L. OSTA ownaan 4 RACE S DATE OF BIRTH IF UNDER YEAR 3 SEX 6 AGE (In years lost birthdoy) HOURS Tale I'vi to August 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED [] NEVER MARRIED [country) (1.10 physicion and completely filled in en please remove carbon papers. .S.A. Prince 'aorrais WIDOWED 17 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g LSUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR WITHIN dumpg post of working life, even if retired.) vattsville 130 USUA, RESIDENCE (Where deceased lived, if institution: Residence before 13d IRSIDE CITY LIMITS? 13e STREET AND NUMBER requires that the dilath certificate be axecon Ony 14. FATHER'S NAME Lost Richard Bowman Ann Brennan buriol, cremation, or removal, and 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) 60 3355 Richard Timmons Washington. signed by the ottending burial-transit permit. Th 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND GEATH Pulmonary Edema davs IMMEDIATE CAUSE (a) ___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Arteriosclerotic Heart Disease 4 vears rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to l hos been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO F this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) detached 21d. INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM STREET FACTORY.) 21f, LOCATION Street or R.F.D. No. City or Town County State While Not while at wark O FUNERAL DIRECTOR: After 22a. I certify that (I) (this cospital) attended the deceased from 5/17 , 1967, ta 10/11/, 1968, that (I) two last saw the deceased alive an 0ct. 10 1968 and that in (my) (aur) apinian death accurred an the date and haur and from the director, page 3 should should be filed with the causes stated abave, (1) (we) (did oot) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS MED. DIRECTOR 10/11/68 DEGREE THOMAS F GOLLINS 22d. PHYSICIAN'S 22e. ADDRESS Poge 4 may NAME (Type) 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Blenwood Cemetery Jaskington 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25a REC'D BY REGISTRAR VR A15 (4) Home 'It. Rainier, ..d. 1 5 1968 30M REV 1/68

13 Film 408 1-22-69 MARYLAND STATE DEPARTMENT OF HEALTH



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01	ar	pri	nt)		

	下京のおき		CERTIFIC	AIE OF DEATH				
	ECEASED-NAME Fire	st	Middle	Lost	2a. DATE OF DEATH	Н	м	2b. HOUR
Į į	Type or print)	Glen R	. E	rant	Oct.	Manth 2 Day	1968 ^{ear}	DOA M
3. S	EX	4. RACE		S. DATE OF BIRTH	6. A	GE (In years t birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.
	Male	Caucasian		August 27.		O YRS	MONINS INC.	TIGUES MIN.
7a	BIRTHPLACE (State ar fareign ntry)	7b. CITIZEN OF WHAT COUN	ITRY? 8. MARRIES	NEVER MARRIED 7	COUNTY OF DEAT	Н		
L_	Maryland	USA	WIDOWED		Prince Ge			Md
	CITY OR TOWN OF DEATH		OSPITAL OR INSTITUTION (If n		OCCUPATION (Kind		125 KIND OF 8 INDUSTRY	USINESS DR
_	Cheverly		Geo.Gen'l H	D 0 4	st af working life, e 2001 Teac		Jr. Hi	gh
i 3a. odm	USUAL RESIDENCE (Where dece			WEE THE MOST				
	ission) ISTATE aryland	Prince Geo		1		Edinburg	z Lane	
14.	FATHER'S NAME First	Middle		S. MOTHER'S MAIDEN NAME Fire		Middle		Last
14	Ralph	R.	Brant	Haze	2		Morel	
160	WAS DECEASED EVER IN U.S. Al	e war or dates of service)		INFORMANT		Address		el, Md
-	Yes hore	an Jar 216-		rs. Martha Bra	int, 1330	7 Edinbu	rch Lan	AR INTERVAL
	18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	CED AV					BETWEEN ON	SET AND DEATH
	, IMMED	DIATE CAUSE (0)Acu	te Myocardia	1 Infarction.				
	* * /	DUE TO, OR AS A CON	SEQUENCE OF					
	Canditions, if any, which gave rise to immediate cause (a)	(0)						
	stoting the underlying coust		ISEQUENCE OF					
	last) (c)						
	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE OR CO	INDITION GIVEN IN P	ART 1(o)		
NO	7 / - 1				Tage Is used	Name Chimbios Ca	ANGERGAS IN COR	715.44.10
2	190. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPER	ATION WAS PERFORMED	20g AUTOPSY?	CAUSES OF D	were findings co eath?	JN2IDEKED IN CEK	THEYING
CERTIFICATION	OS ACCIDENT WAS UNDERLY	THE TAX SING OF WHITE	la	AE2 KX NO 🗆		Yes		-
	210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DI		Day Year	OW INJURY OCCURRED (Enter	noture at injury in F	ort I ar Port 2, II	tem 18.)	
MEDICAL	(If either, notify medical exor	miner) P.M.	19					
2	21d INJURY OCCURRED 21 While Nat while	e PLACE OF INJURY (AT HOME OFFICE BO	FARM, STREET FACTORY) 21f LO	OCATION Street or R.F.D. Na.	City or To	WΠ	County	State
	DI WORK DI WORK -			A=====================================	. 0-2	7 101		
	22a. certify that (I) §	attended t	the deceased from	Oct. 2 , 19 6	o, to UCL.		20 , that?	(we) last
	causes stated abar	ve, (i) fare) (did) (dickno	to view the bady after	a mai m (my) <u>gog</u> j apin death.	ian c eain actur	rea an me agi	ie and naur a	no irgin ine
	22b SIGNATURE	1				22c D	DATE SIGNED	
	1	m/5 (4	our DEGI	REE PHYS SEE DIR	D STAI	S. D Oct	t. 3, 19	68
	22d. PHYSICIAN'S			22e. ADDRESS				
	NAME (Type) Don	B. Cameron,	M . D .	3503 Perry	St., Mt.	Rainier.	Md. 20)822
230	BURIAL, CREMATION, 236	DATE 2	3c. NAME OF CEMETERY OR		23d LOCATION (C.)		(County)	(State)
	PREMOVAL (Specify)	0/ 5/1968	Sunset Memor	2012 F 01-1-	Near Cumb		Alleg	Md
24.	FUNERAL DIRECTOR	the second	ADDRESS	2So REC'D 8Y		25b. REGISTRAR S		A
	John J. Halfer	Jr. 1230 Bal	to Ave. Cumb	erland old OC	T 7 196	10 Xca	orles for	Lange .

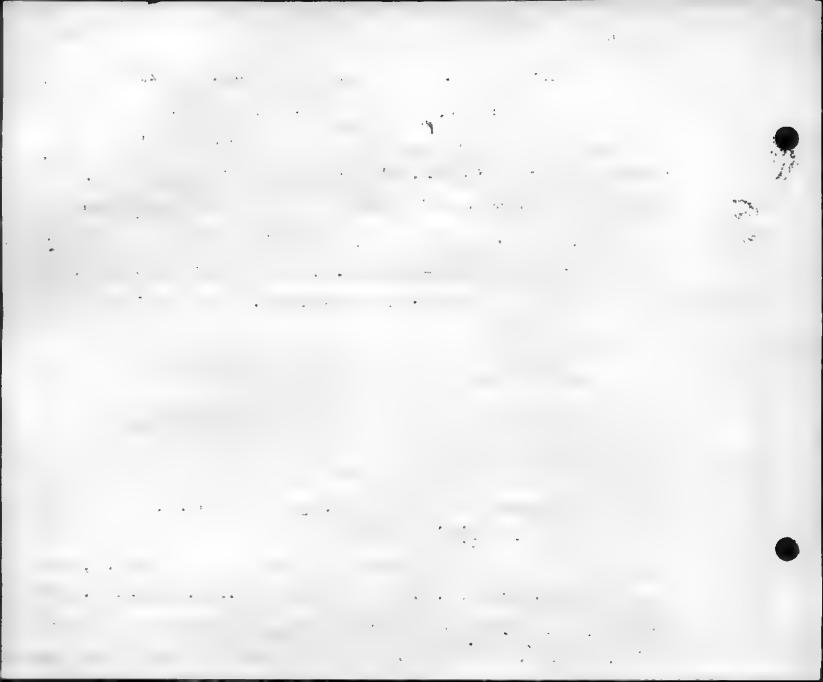
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial of a completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pageshould be filed with the State Dept. of Health prior to burial, cremation, or removel, and in any event, within 72 hours VR A15 (4)

ecuted within 24 hours after death

TO HOSPITAL OR KITENDING MIYSKIMN: The law requires that the death certificate

Poge 4 may be retained by the hospital or attending physician.

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AR MARYLAND STATE DEPARTMENT OF HEALTH

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in Item 18.

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This certificate should writing the word

please execute the certificate,

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DICAL EXAMINER:

with form Give Pages 1



1. 24 hours after deoth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

Page 4 may be retoined by the hospital or attending physician.

1482)			CERTIF	ICATE OF	DEATH					140	3 3	
1 DECEASED-NAME	First		Middle		Lost		20 [DATE OF	DEATH	D	V	1	HOUR A
(Type or print)		Baby	Boy		Bristo.	1	0	ct.	Montb 24,	Doyl C	968 ^{Yeor}	10	:45m
3. SEX		4 RACE			S. DATE OF E				6. AGE (In year lost birthdoy)	S	IF UNDER 1 YEAR ONTHS DAYS	F JNOER	24 HRS
Male		Cauca	sian		Oct	. 22,	1968			YRS.	2	HUUKS	76196
70. BIRTHPLACE (Stote	or foreign	76. CITIZEN OF WH		8 MARRIE	D 🔲 NEVER MA	RRIED XX	9. COU	NTY OF	DEATH				
Maryland	i	U.S.		WIDOWE	L-mark	RCED	Pri	nce	George'	S			Md.
Cheverly	DEATH 7	give si Pri:	ME OF HOSPITAL OR IT treet oddress) nce Geo.G	en'l	Hospita	during			(Kind of work of life, even if retain		125. KIND OF INDUSTRY	BUSINES	S OR
130 USDAE RESIDENCE odmission) STATE Maryland		ed lived, if institution	on: Residence before George s	13c. CITY	OR TOWN	13d INSIDE CIT	NO []		O Fores		1. #2		
14. FATHER'S NAME	First	Middle	Lost		IS. MOTHER'S A	AIDEN NAME	First		Mide			Łost	
1	William	Earl	Brist	01	Bar	bara N	Well (Co11	ins				
160. WAS DECEASED EV Yes, no, or unknown	ER IN U.S. ARA		16b. SOCIAL SECURITY		7. INFORMANT				Addr	BSS			
			e for (o), (þ), ond (c	1)	1 11	, 1	/	1	. 7	.1		MATE INTER	VAL DEATH
PART I. DEAT	IBZCA) ZAW HI Vidammi	O BY. TE CAUSE (0)	rocture	of	stull in in h	1 /5	pi to	ext. O	1 4 951	cim	al		
177			S A CONSEQUENCE OF	F /1 x	mmak	age-	0	, ,	1	1			
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last.	, , , , ,)	(c)			V '		0						
7/1		IDITIONS CONTRIBUT	ING TO DEATH BUT I	NDT RELATED	TO THE TERMIN	AL DISEASE O	RCONDITIO	N GIVEN	I IN PART 1(o)				
190. DATE OF OPER	ATION 19b.	CONDITION FOR WHI	CH OPERATION WAS P	ERFORMED	20a. AUT YES				YES, WERE FIND OF DEATH?	NGS CON	ISIDERED IN C	ERTIFYIN	G
210. ACCIDENT W	CAUSE OF OEAT	HOUR A.M.	Month Doy Yeo		HOW INJURY OF	CURRED (En	nter noture	of injur	y in Port 1 or P	ort 2, Ite	m 18.)		
21d INJURY OCCU While Not will at work of wo	IRRED 21a	PLACE OF INJURY (AT HOME, FARM, STREET, F. OFFICE DUILDING, ETC	ACTORY,) 21f.	LOCATION Stre	et or R.F.D.	No.	City	or Town		County		Stote
22o. I certify saw the causes st	that (I) (the deceased a toted abave	ix bosnite() atte live an c, (1) *week (ald)	nded the deceo	sed from_ 19 <u>68</u> , c body afte	Oct 2. and that in (n er death.	2, 19 ny) ≴aws k o	68_, pinion d	to_Oc leath o	ccurred on the	., 1961 he dote	3, that ond hour	(I) (39 ond fro	nd last om the
22b. SIGNATURE		-/	Prosed	DI	GREE PHYS.	XX	MED DIRECTOR		STAFF PHYS.		. 24,	1968	}
22d. PHYSICIAN'S NAME (Type)	Bei		varado. M	, D.	22e. AD 620				L. Rive		le, Md	208	40
230 BURIAL CREMATIC REMOVAL (Specify		DATE L1-2-68	Prince	Geor	OR CREMATORY ge's Ge	neral	C	heve	N (City or Town	aryl	(County) and	(State	s}
24. FUNERAL DIRECTOR	Penn	(1) HAD	ADDRES	S Hos	pital	250 RECT	BY REGIS	TRAR	25b REGIST	RAR'S SI	GNATURE	141	

FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filted in by a director, page 3 should be detached for use as the burial-transit permit. Then please ramove corban papers Pages should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours VR A15 (4)



3. SEX country)

Completely filed-in by the funeral nove curban rapers. Pages I and 2 no event within 72 hours after death. remove carban on and edice and the attending physical then p ar remaya crematian, burial-transit burial, O FUNERAL DIRECTOR: After this certificate has been as the be detached for use State Dept. of Health be retained by the haspital ar 3 shauld I with the S r, poge be filed Page 4 may director, should b

ba eaemted within 24 haurs after death

aw remuires that the duath certificate

CERTIFICATE OF DEATH DECEASED NAME First Middle Last 20. DATE OF DEATH 2b. HOUR (Type or print) G-RACE BROSNIHAI 6. AGE (In years 4. RACE S. DATE OF BIRTH IF LINDER 1 YEAR last birthday) YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USHAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street address) during most of working life, even if retired) INDUSTRY HOUSEWIFE 13a. USUAL RESIDENCE (Where deceased tived, if institution 13e STREET AND NUMBER admission) STATE YES 🔀 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Middle Last Last OSEPH UNIER 16g. WAS DECEASED EVER IN L.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Yes, na, ar unknawn) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and, (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY MIO. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) ar sin imou nse to mmediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 20a. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [NO | 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 1 AT HOME, FARM, STREET, FACTORY, 1 21f LOCATION Street or R.F.D. No. City or Yawn County State While Not while of work 22a. I certify that (1) (this hospital) attended the deceased from 7-2, 19 to causes stated abave (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED **ATTENDING** DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town 23a BURIAL, CREMATION (County) ADDRESS FUNERAL DIRECTOR 25b. REGISTRAR S SIGNATURI 196B

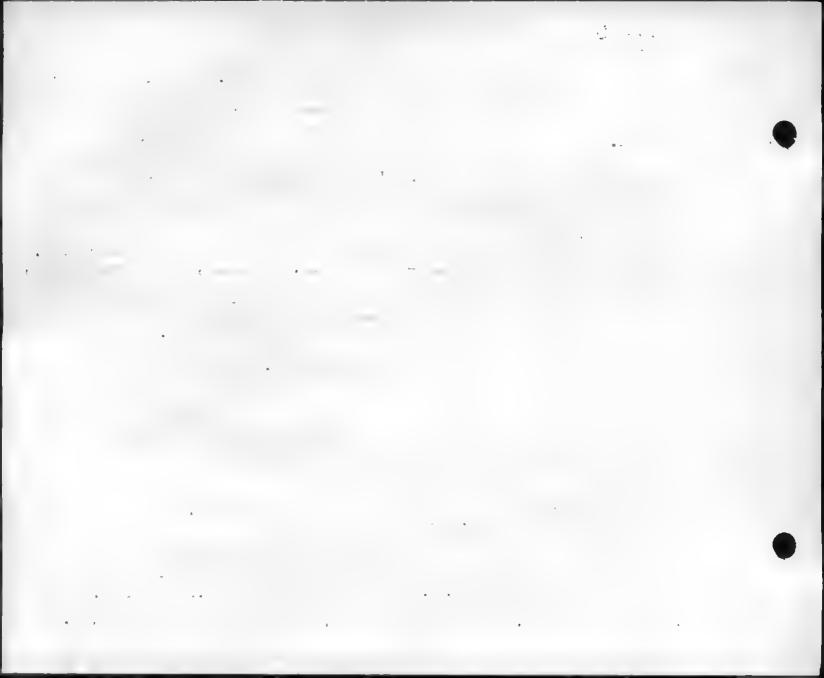
VR A15 4



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14836 26 HOUR 1. DECEASED NAME First 20. DATE OF DEATH (Type or print) George E Brumfield 968 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER I YEAR 6. AGE (In years O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours oft Male White 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Penn. USA WIDOWED | DIVORCED [120 USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress)

Prince Geo. Gen'k Hospital School Teacher Charles County Cheverly | Prince Geo. USA | 130. USUAL RESIDENCE (Where deceosed lived, if institution Residence before | 13. CIT OR TOWN | 130. USUAL RESIDENCE (Where deceosed lived, if institution Residence before | 13. CIT OR TOWN | 13. CIT OR TOWN | 13. CIT OR TOWN 13d +NSIGE CITY LIMITS? Maryland 14 FATHER'S NAME IS, MOTHER'S MAIDEN NAME First Howard Brumfield Laura Rugg 17 INFORMANT Laural Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, no, or unknown) 206-07-6346A Wm. F. Brumfield, 952 Nichols Drive. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE (AUSE (a) Bronchogenic carcinoma - right - with metastasis DUE TO, OR AS A CONSEQUENCE OF to mediastinal lymph node - hilar Conditions, if ony, which gove) lymph nodes - lungs and liver. rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 moy be retained by the hospital or ottending physician. stoting the underlying couse () Rilateral Broncho-pneumonia. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 190. DATE OF OPERATION 206, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OFATH Month Doy Year HOUR A.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 216 LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a I certify that (1) this kospital) attended the deceased fram 7-5-, 19 54, ta Oct 20, 19 68, that (1) (rec)clast saw the deceased give an Oct 20, 19 68, and that in (my) apinian death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22r DATE SIGNED Clover MED.
DIRECTOR ATTENDING 16 - 21 - 68 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) Oliver Bond, M. D. 6872 Riverdale Rd., Lanham, Md. 20801 Oct. 24, 1968 Trinity Mem. Gardens Waldorf, Charles, Nd. 2So RECD BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FJNERAL DIRECTOR ADDRESS VR A15

DATE OCT 2 5 1968



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Oct 31, 1968

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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20. DATE OF DEATH

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1968

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12b KIND OF BUSINESS OR

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BETWEEN ONSET AND DEATH

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22c DATE 5 GNED

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Oct. 28, 1968

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25 HOUR

IF LINDER 24 HRS

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1 DECEASED-NA {Type or prin
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7o. BIRTHPLACE country)
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odmission) ST. Mary I:
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18 CAUS

24 hours offer death

mayines that the leath certificate be ellecuted within

Month 28 Lennie Burnley Oct. 4. RACE S. DATE OF BIRTH 6 AGE (In years lost birthdoy) Caucasian. Jan. 18. 1912 (State or fore an 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED USA WIDOWED DIVORCED [Prince George's WN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done Prince Geo.Gen'l Hospital during most of working life, even if retired) rlv SIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d. JNSIDE CITY LIMITS? 13e STREET AND NUMBER Prince George's E Riverdale and 5816 Ouintanna Street M ddle 15. MOTHER'S MAIDEN NAME First John Burnley Middle Asby Cash ASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (If yes give war at dates at service) Margaret C Burnley 231 07 6087 E Riverdale. E OF DEATH (Enter only one couse per fine for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, fony, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stofing the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUY NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1651 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b. F YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO XX 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of njury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) PM 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No 21d INJURY OCCURRED City or Town While Not while of work 22a. I certify that (I) this top talk attended the deceased from Dec. , 1965 , ta_Oct. 28, 1968 , that (I) (ME) lost 22b. SIGNATURE STAFF DEGREE DIRECTOR 22d. PHYS CIAN S 22e ADDRESS NAME (Type) 6300 Riverdale Rd. Riverdale, Md. ohn Kehoe, M. D 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION 23b DATE REMOVAL (Specify) Burnley Family Cemetery Shipman Nelson

Hyattsville, Md

Middle

VR A15 (4) 45M - 1 69

24 FUNERAL DIRECTOR

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Page 4 may be retained by the haspital ar attending to FUNERAL DIRECTOR: After this certificate has been

Page 4



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14838 1. DECEASED-NAME First Middle Lost 20 DATE OF DEATH (Type or print) 10 Manth John Capps IF UNCER 24 HRS 4 RACE S. DATE OF BIRTH IF UNCER 1 YEAR 6. AGE (In years last birthday) HOURS Wite August 12 1913 2] A 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country)_ . 9 Prince Ceorge's T.S.A. WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddress) during most of warking life, even if retired) George's heverly 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13x CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIM 157 George's Colle of YES 5028 Pa 'uch Rd. 14. FATHER'S NAME Last THE INDEHER'S MAIDEN NAME FIRST Jennie eeuo. John Capps 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) (If yes give warpr dates of service) Sam as above 578 09 1837 Lleanor lapis 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH cauce IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF wetenter Conditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse(PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES [NO R 21g ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R F.D. No. 21d INJURY OCCURRED City or Town County While Not while at work O FUNERAL DIRECTOR: After this 220. I certify that (I) (this haspital) attended the deceased from ACC , 1962, to ______, 19_____, that (I) (we) last saw the deceased alive on ACC ________, 1962, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the bady ofter death. 226. SIGNATURE ATTENDING MED DIRECTOR DEGREE PHYS. 22e. ADDRESS 22d PHYSICIAN S NAME (Type) Treenhelt. ergemann ...). arvland 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, 23b. DATE REMOYA (Specify) 10/9/1968 Port Lincoln Cometery Colmar anor, aryland 2Sg REC'D BY REGISTRAR 25b. REG STRAR'S SIGNATURE

30M REV

Funeral Home Mt. Rainier, Md. 24 FUNERAL DIRECTOR 1968

2b HOUR

Stote



VR A15ME (5) 10M REV 1/68

5. Washington &

ADDRESS SAM 195 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY? YES 🔄 NO [21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18) County State Inquiry | and in my apinian Undetermined manner 226 DATE SIGNED 10-11-68 23d. LOCATION (C twor Town) (County), (State) 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 1968

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2b HOUR

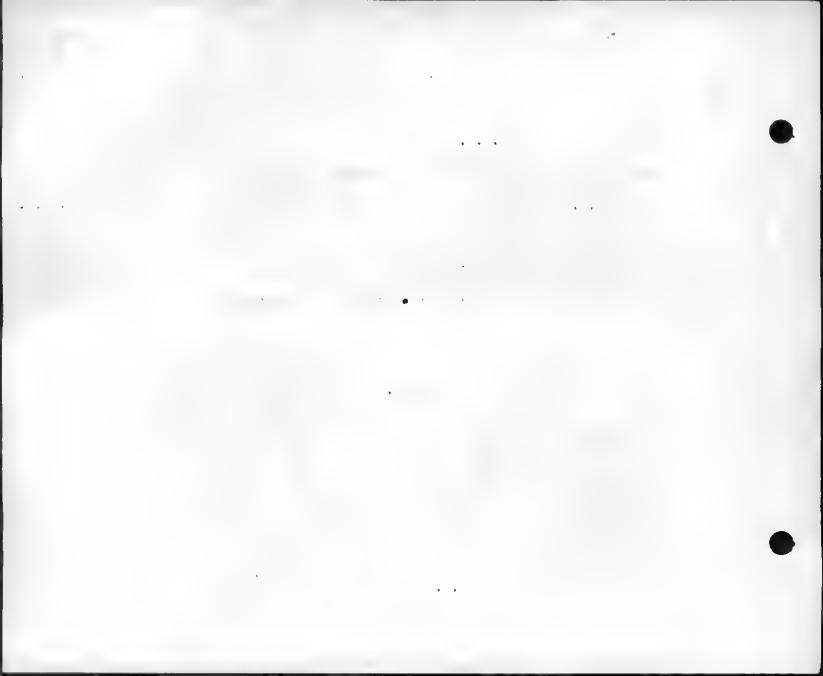


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FOR STATE		14831			CERTIFICATE				1	4840	
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ne in the interest of 3	3	SEX 4 RACE	S DATE OF BIRTH	6 AGE (n year lost birthday	IF UNDER 1 YEAR MONTHS DAYS	HOURS 24	41 127	TE PRONOUNCED		Yeor	2d HOUR
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s 1, 2, at arm PM:		intry) New York	76 CITIZEN OF WHAT COUNT USA		MARRIED TO NEVER MA VIDOWED DIVI	ORCED		George	e¹s		M
The State	1	City or town of death Cheverly	g ye street oddr Prince	George H	ION (If not in haspital	during r	LAL OCCUPATION of Working HOU	N (Kind of war ig life, eyen if r SCW11C	rk dane 12 etired N	RIND OF BUSI IDUSTRY IWN home	
de the state of th	130	usual RES DENCE (Where deceded	ised lived, if institution Res. Prince George	dence before 13c. C	wie	3d. INSIDE KITY LIA YES NO	1	REET AND NUME 105 Knie		ll Lane	
hours Item Office I and 2	=	FATHER S NAME First	Middle R Eimann	.ast	15 MOTHER'S MA		First McName	Mid		Last	
within 24 In pencil in Examiner's File pages In 72 hours				AL SECURITY NO 16 7846	17. INFORMANT Frederic	k J. C	Casey	ADDRES:	s vie, M	d.	
uted with the cal Exart In the nit. File of this 72		18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	ED BY							APPROXIMATE BETWEEN ONSET	
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pe (pe) pe) pe) pe)		Canditians, if any, which gave use to immediate cause (a).			lerotic h	eart d	liseas				
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cate :		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBLTING TO DE	EATH BUT NOT RELAT	ED TO THE TERMINAL I	DISEASE OR CO	ONDITION GIVE	I IN PART 1(a)		<u> </u>	
	CERTIFICATION	19a. DATE OF OPERATION		DITION FOR WHICH S PERFORMED?	OPERATION					20. AUTOPSY	? NO 🗆
tifica tifica Id be uld t		210 EXTERNAL CAUSE WAS PRIMARY ON CONTRIBUTING CAUSE OF DEATH	21b TIME OF INJURY MO HOUR A M. P.M.	anth, Day, Year	21c. HOW INJURY O	CCURRED (Ente	er nature af in	ury in Port 1 or	Part 2, item		
EXAMINER: ute the certi age 4 shauld yaur files. Page 3 shou cremation,	MEDICAL	21d INJURY OCCURRED 21e	PLACE OF INJURY (At hame, actory, affice building, etc.)		21f. LOCATION Street	ar R.F D. Na.	(ity or Town		County	State
ICAL EX execution. Page ed far y CTOR: Po CTOR: Po burial, c		22a. I certify that I	took charge of the remo			· · —	Inspectio		quiry .	and in m	y opin o
ase ase ase the second of the		deoth resulted from	Natural causes 🗓	, rccident	,	Homicide TEF MEDICAL E		determinea r 7	nanner [_		
		ACTUAL SIGNATURE	Jan Pul	7			CAL EXAMINER		22b. DATE SIG		
Ssor Ssor (fundamental)	L	EXAMINER'S NAME (Type) John K	Tehoe MD. Ri	verdale,			EXAMINER of city, town, ar		10) - 29-68	
TO DI TO FU Heal	23	o BURIAL, CREMATION 236	DATE 2	3c NAME OF CEMET	ERY OR CREMATORY	ry	23d LOCATI Bost	Oh (City or Tow On St	n) (0 uffolk		tate)
VR A15ME (5) 10M REV. 1/68	24	. FUNERAL DIRECTOR	Sons Hyatts	sville, M	d.	25a. REC'D DATE NO	BY REGISTRAR		Clay	GNATURE Jud	ge.



VR A15 (4) 30M REV 1768

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14842 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First 20 DATE KNOWN THE Month Middle Day 2b HOUR (Type or Print) delay is and 3 ta Charles DEATH MATED 10-28-68 192:40am Donald Catterton 2c DATE PRONOUNCED DEAD 3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR IF JADER 24 HRS. last birthday) 5-28-1940 Male White 28 YRS 192:40am M 70 BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Maryland Give Pages 1 WIDOWED [DIVORCED Prince George's 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in baspital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR UNDUSTRY Prince George Hospital during most of working life, even if retired). Cheverly Carpenter Construction 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIM TS? 13e. STREET AND NUMBER Prince George's District Heights No 2410 Rochelle Avenue This certificate should be executed within 24 hours in Hem 1 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Last O'Dell Sommers Beulah Catterton hours 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT GlenView Drive (Yes, no, or unknown) (If yes give war or dates of service) 1961 - 1965 217-38-5958 Mrs Beulah Wilkerson FILE Clinton Maryland ⊑ within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) burial-transit permit. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Laceration of brain forwarded to the Chief Medical event DUE TO, OR AS A CONSEQUENCE OF Trauma - auto accident Canditians, if any, which gave rise to immediate cause (a). writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/01 removal, CERTIFICATION 190, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, NO TE 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) tree. 21a. EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M. 10-24- 19 68 cremat on, Driver of car wheih ran off road and struck a CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm street 21f, LOCATION Street or R.F.D. Na. City or Town WHITE NOT WHITE TO AT WORK THE Enterprise Rd. s miles south of Rt. 450, Mitchellville, P.G. Co., Md FUNERAL DIRECTOR: Page 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection XI. Inquiry , and in my apinian Natural Lauses death resulted from: Accident X., Suicide , Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** ASSISTANT MEDICAL EXAMINER 22b DATE SIGNED SIGNATURE 10-28-68 DEPUTY MEDICAL EXAMINER TX **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) Mehoe MD Riverdale. John NAME OF CEMETERY OR CREMATORY 0 23a BURIAL CREMATION 23d LOCATION (City or Town) (State) REMOVAL (Specify) Mt. Harmony Chr. Cemetery Owings Burial 31,1968 Calvert Maryland 24 , FUNERAL DIRECTOR 250 RECD BY REGISTRAR 25b REG STRAR S SIGNATURE Owings, Maryland DATE OCT



14834

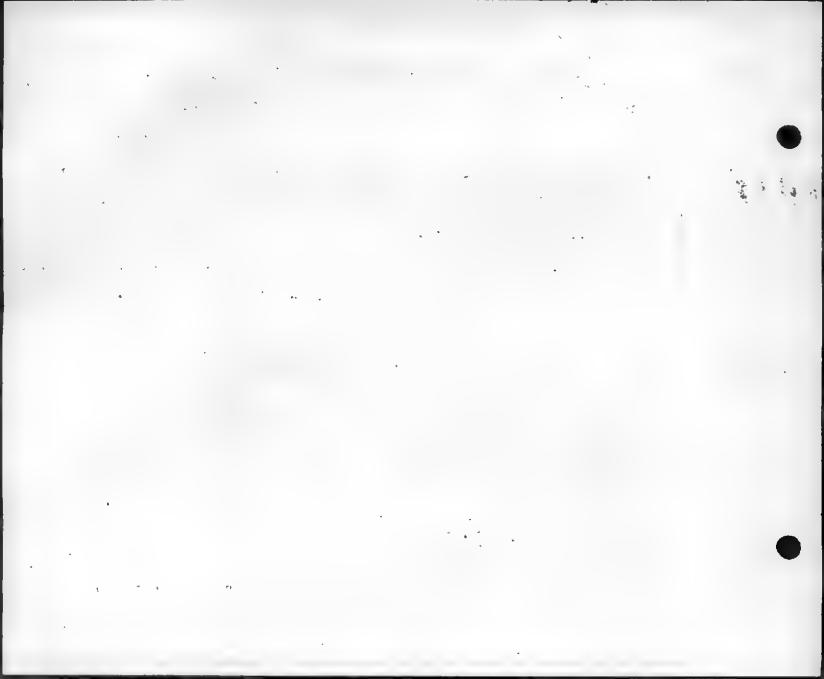
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1			CEKTIFICA	AIE OF DEATH		1487	, 2
1	DECEASED-NAME First	Middle	_	-Ost	20. DATE OF DEATH	1701	2b HOUR
П	(Type or print) Lucil	E 5.	CAW	THORNE	October 11	Day J June	M
3.	SEX	4 RACE		DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR	F JNDER 24 NRS
Т	Female	White		Tuly 16 18	378 Jost birthday)	MONTHS DAYS	NOURS MIN
		b CITIZEN OF WHAT COUNTRY?	8 MARRIED I	NEVER MARRIED	9 COUNTY OF DEATH		
((Ga.	U.S.A.	WIDOWED [Prince Teorg	e is	Md
10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (If na	t in haspital 12a USU	AL OCCUPATION (Kind of work dar	18 12b KIND OF	BUSINESS OR
1	Mt. Mainier	give street podress)	Stree	t duning I	nast of warking life, even if retired . $\Theta Y K$	INDUSTRY I	rug
13	a USUAL RESIDENCE (Where deceased	tived, if institution Residence before	13c CITY OR 1				
90	Mar land	13b Countince Ceors	eMt.]	Raini 💞 🖾 🛚	©□ 3006 33r ⁴	Street	
14	FATHER'S NAME First	Middle Last		MOTHER'S MAIDEN NAME			Last
L	William			Mary	ntta ntta	Shaw	
Te	So. WAS DECEASED EVER IN U.S. ARMEI			FORMANT	Address		
L	Yes, no, or unknown) ("Typs gove wor	312 24 4	EU74 G	eorge S Ca	wthorne Wash		
П	18. CAUSE OF DEATH (Enter only	ane cause per line for (a), (b), and (c).	.)	. 0. 1	2 -0 .0		NATE INTERVAL NSET AND DEATH
П	PART I DEATH WAS CAUSED I	E CAUSE (0) acute	ce	rebrat	our me	se,	
П	4339	DUE TO, OR AS A CONSEQUENCE OF					
	Canditions, if any, which gave) nse to immediate cause (a),	(b)					
	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	0	- les	0.	_	
	iast.	10 orereb	ral	ancer	oscience	V	
П	PART 2. OTHER SIGNIFICANT COND	ITIONS <u>CONTRIBUTING TO DEATH</u> BUT N	OT RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)		
3	5			Lacouninana	That we will still the sti		
4	190. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PE	RFORMED	20a AUTOPSY?	20b IF YES, WERE FINDING - CAUSES OF DEATH?	2 CONZIDERED IN CE	RTIFYING
	21a. ACCIDENT WAS UNDERLYING	Total witter On Halfalbu	- I II	YES NO		0.11.10.	
				M INJURI OCCORRED (EUR	er nature of injury in Part 1 or Part	Z, Hem 18.)	
Ì	OR CONTRIBUTING CAUSE OF DEATH Off either, notify medical examine 21d INJURY OCCURRED 21e P				//s *		F1.4-
Ι.	While Not while	LACE OF INJURY (AT HOME, FARM, STREET FA	211. 100	ATION Street of K.F.D. No	a. City or Town	County	State
П	at wark at wark	haspital) attended the deceas	. İ (c 🖎	10/	67 to 0 5 to 11	10 / CC/+b-4	(1) () 1
н	saw the deceased alix	ve an Sept 13	196 X. and	that in (my) (aur) an	Union death occurred on the	date and haur	and from the
	causes stated above,	(I) (we) (did) (did not) view the	bady after d	eath.			
Т	22b SIGNATURE	BO		ATTENDING 65-7	MED STAFF 2	2c DATE SIGNED	
	Down,	10 comes	DEGRE	E PHYS LAS	DIRECTOR L PHYS L	0 ct 11,	1768
	22d PHYSICIAN'S NAME (Type)	B. CAME	Mad	22e ADDRESS	The Tondandar	1 10 22 77	- nd
-					Mt. Kainier		
23	Bur AL, CREMATION, 23b DA		CEMETERY OR C		23d. LOCATION (City or Town)	((county)	(State)
-	4 FUNERAL DIRECTOR	/14/1368 Fort 1		n Cemeter		IR'S SIGNATURE	anc
2	allev's Fune	ral ome at.	ainier			corles Ju	400
1	V			DAIL UU	THE PARTY AND THE	THE BOTT	

in 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers Pages shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any event, within 72 hours after the state Dept. af Health priar ta burial, crematian, ar remayal, and in any event, within 72 hours after the state Dept. **TO HOSPITAL OR ATTENDING PHYSICIAN;** The law requires that the death certificate be executed *yui* Page 4 may be retained by the haspital or attending physician.

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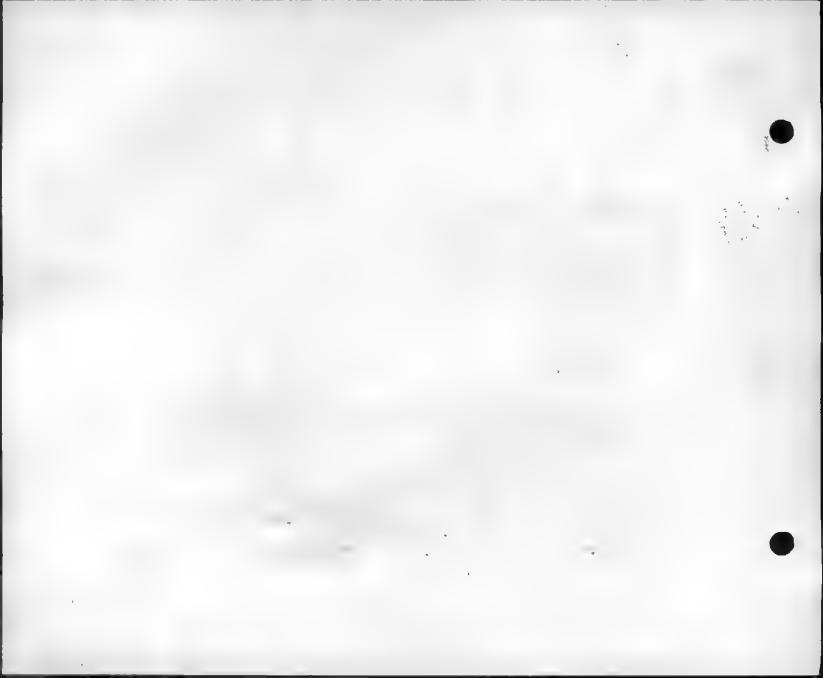
	,]	tems 5 &6 Film		IND STATE DEPARTMENT OF		
		1/14/68 kk	DIVISION OF VITAL RECORD			14842
		14	4835	CERTIFICATE OF DEATH		71033
5 4 5 5			Middle	Last	20. DATE OF DEATH	2b. HOUR
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ie ie ie	3. S	X	4. RACE		6. AGE (in years	F JNDER 1 YEAR IF UNDER 24 HRS
the the age:		Male	White	Oct. 2, 1	902 6667 YRS	MORTES DRIS ROVES MIN.
by P	7o.	funda (7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED		
within 24 hours after lely filled in by the bon papers. Pages	100	D.C.	U.S.A.	WIDOWED DIVORCED	Prince George	es Ma
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Aith Son Signature	Li	lyattsville	Prince G	eorge Gen. Re		INDUSTRI
e e c e	13 a.	USUAL RESIDENCE (Where decease	ed lived, if institution. Residence befo	TO 13c. CITY OR TOWN 13d INSIDE CITY	_	~ .
3 9 8 2 15	_	Mu.		ge Bladensburg	OOTT THECT	son St.
\$ 1 E E	14.	FATHER'S NAME First	Middle Last			Last
n a din din	L	Peter	J. Cha			Rony
cote sicio oleo, on	16a	WAS DECEASED EVER IN U.S. ARM es. no- or unknown) 1 (If yes give w	AED FORCES? 16b. SOCIAL SECURI			3.0
physen g		NO			onas pame a	IS 13C & e
E L		18. CAUSE OF DEATH (Enter one	y one cause per line far (a), (b), and	(1)	W	BETWEEN ONSET AND DEATH
end mit.	L	IMMEDIA	ATE CAUSE (0)	co to hory	manuer	
aff per ion,		4109		OF	,	
the the usit mot	L		[b]		71	
trei by real		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE	OF 00 - 11.	Grown de	seine
uires ysic gned riat			(t) CONTROLLE TO DEATH BUT	NOT DELATED TO THE TERMINAL DISEASE OF		
9 P P P P P P P P P P P P P P P P P P P		TAKE 2 OTHER SIGNIFICANT CON	ADITIONS CONTRIBUTING TO DESITE BO	I NOT KELATED TO THE TERMINAL DISCASE OF	KCONDITION SIVEN IN PART I(U)	
or the	T NOIL	19g. DATE OF DEFRATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED 20g. AUTOPSY?	20b IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
ntter nos and	N N				LEATREE OF DEATHS	
or o		21a ACCIDENT WAS UNDERLYIN	IG 216 TIME OF INJURY	21c. HOW INJURY OCCURRED (En	_	, Item 18.)
	ই	OR CONTRIBUTING CAUSE OF DEATH	IN HOUR A.M. Month Day Yo	10 10		
YSI nosp cert cert thed pt. o	WED	21d SNEURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET	FACTORY) 21f. LOCATION Street or R.F.D. I	la. City or Town	County State
The har this beginning the part of the par		at work of work				
ING there of the store		22a. I certify that (I) (thi	is haspital) attended the dece	ased from	66,10 OCT 311	9 6 K, that (I) (we) las
ed Les Sed Les		saw the deceased of	live on Clid (did not) view to	5.19. Sand that in (my) (our) o	pinion death accurred on the c	late and hour and from the
To in the state of			e, (1) (we) (ala) (ala lio1) view i	ne body offer deoffi.	220	DATE SIGNED
OR A	П	N	m Sau	DEGREE PHYS D	MED CTAFF	
A P O O O O O O O O O O O O O O O O O O	н	22d. PHYSICIAN'S		22a. ADDRESS		
ERA ERA ERA ERA ERA		NAME (Type) Don	B. Cameron M	.D. 3503 Pe	erry St. Mt. Ra	ainer, Md.
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed Poge 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample director, page 3 should be detached for use as the burial-transit permit. Then please remove conshould be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event	23σ	BURIAL, CREMATION, 23b. I	DATE 23c NAME	OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
5 5 5 ± 2	TREASED MANE First The Codore John Chaconas 1001 S. ASE (in years and the Country The Codore John Chaconas 1001 S. ASE (in years and the Country The Codore John Chaconas 1001 S. ASE (in years and the Country The Codore John Chaconas 1001 S. ASE (in years and the Country The Codore John Chaconas John S. ASE (in years and the Country John S. ASE (in years and the Country John S. ASE (in years and the Country John John					
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				20002		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14838 CERTIFICATE OF DEATH

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€ #S€			CEASED NAME First	Middle	Lost	2g. DATE OF DEATH Month Bgy	Yeor 2b. HOUR
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the the south		.3. SE	". Male	4. RACE nigro	S. DATE OF BIRTH	6. AGE (In years last birthday)	MONTHS DAYS HOURS MIN,
A A TO		70 (OU		76, CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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	,	10 (ITY OR TOWN OF DEATH	1 D. Bustell OR IN	_ / during m	AL OCCUPATION (Kind of work done ost of working life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY
executed within and completely fremove carbon any event, with			JSUAL RESIDENCE (Where deceos	ed lived, if institution: Res dence/before	13c. CITY OR TOWN 13d INSIDE CITY II	MITS? 130. STREET AND NUMBER	0 44 0=
omp owe			ssion) STATE	136 COUNTY & Wheeler	Rd SE. YES IN	5408 who	caterful. SE
e exe	1	14. 1	ATHER S NAME First	M.adle Last	IS. MOTHER'S MAIDEN NAME F		Last
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that the death certificate be executed wit an. by the ottending physician and campletely bransit permit. Then please remove carbo cremation, or removal, and in any event, w			WAS DECEASED EVER IN this. ARM es no, ar unknown) (1 yes give w	MED FORCES? For or dotes of service,	- A	ncs Chase In.	Some
ne death certifi ottending phy permit. Then ion, or removol				ly one couse per line far (a), (b) and (c)		V	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eath indir or re			PART I. DEATH WAS CAUSED	O BY: ATE CAUSE (a) Caron	any toses	feeenen	
he death offendir permit.			4119	DUE TO, OR AS A CONSEQUENCE OF		2.1	
the the material			Conditions, if any, which gave a rise to immediate cause (a),	(b)	sular Ca	le ge à	_
			stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
quires physici signed buriol- burial,				(C)	OT RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1/a)	
			'	TOTAL TO DEATH OUT IT	OF KERKED TO THE TEKNINAL DISEASE OK	ORDITION OF LIST IN TAKE 1(0)	
AN: The low re of or attending icate has been for use as the Health prior to		CERTIFICATION	19a. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY?	20b IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
The atte has se a th bu	χ,	STIFIC			YES NO	CAUSES OF DEATH?	
Cate or u			210 ACCIDENT WAS UNDERLYING OF COURT BUTTING TO CAUSE OF DEAT			r nature of injury in Part 1 ar Port 2,	Item 1B.)
SICI, spito eriffi ed f		MEDICAL	(If either, notify medical exami	ner) P.M. 1	9		
PHY e ho his ca stoch Dept		-	21d. iNJURY OCCURRED 21e. While Nat while at wark	PLACE OF INJURY (AI HOME, FACM, SIREE), FA	21f LOCATION Street or R.F.D. No	City or Town	County State
NG the ter the decidence d			22a. I certify that (1) (th	is hospital) attended the deceas	ed from Spalle, 194	1. to Oct /1, 19	68, that (1) (we) las
ed be			saw the deceased a	five on	19625, and that in (my) (pur) opi	inion death occurred on the da	ite and hour and from the
retaine retaine recTOR: 3 shoulk with th			22b. SIGNATURE	e, (I) (we) (wa) (ald not eview trae	body affer death	22t	DATEAIGNED
DC			Herr	4 a Afride		MED STAFF DEC	T. 68
MAL Poor	1		22d. PHYSIC AN S NAME (Type)	9 HADLEV	TMD 220. ADDRESS	huled awd	2
Poge 4 poge 5 pog		23a	8UR A., CREMATION 23b	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
Poge Of Fundamental Should]	periorie to May		livet Cemetery	Washington,	D.C.
VR A15 (4]		FUNERAL DIRECTOR JOHN		2Sq REC'D B		
30M REV 1	768		Stewart//Fune:	ral Home -4001//B	enning Rd. N. EQ	CT 1 5 1968 ACC	arles Judge

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death. funeral

xecuted within 24.haurs after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14849

1, 2				CERTIFICATE OF	DEATH			0.10
1 DECEASED-NAME (Type or print)	First MAGG LE		Middle V	CLUTTER		20. DATE OF DEATH Month 1 (Day 9 Yea	26 HOUR 7-36
3 SEX Female			hite	S DATE OF	2/26/1	6. AGE (In year lost birthday 84	OF THE STATE OF TH	EAR OF UNDER 24 HRS DAYS HOURS MIN
7e BIRTHPLACE (State country) West Vi	rginia	CITIZEN OF WH USA		100	DRCED [Georges	,
10. CITY OR TOWN OF Oxon - H:	DEATH i.1.1	dine a	treet address)00 H	TITUTION (If not in hospital empstead Dr.	dunng mos	OCCUPATION (Kind of work st of working life, even if ret USEWITE	tired.) INDUSTR	D OF BUSINESS OR RY Home
130. USUAL RESIDENCE admission) STATE	(Where deceased aryland	lived, if institut 13b. COUNTY Pa	an Residence before	Oxon Hill	YES NO	□ 5800 Hemp	stead Dr	ive
14. FATHER S NAME Do	First Mc N	Middle fillion	Last		AAIDEN NAME Fin E1:	lza J. Davis	ddle	Last
160. WAS DECEASED E Yes, ng, grunknaw			166 SOCIAL SECURITY N 236242480		Woofte:		hess Marylan	d PPROX MAYE INTERVAL
rise to immedistating the unclost. PART 2 OTHER 190 DATE OF OPP	ate cause (a), derlying cause (b), derlying cause (c), derlying ca	DUE TO, OR A (c) TIONS CONTRIBUT NOTION FOR WHILE OUT TO THE T	S A CONSEQUENCE OF S A CONSEQUENCE OF TING TO DEATH BUT NO THE OPERATION WAS PEI S LIEM	rFORMÉD 20a. AUT Ar) YES	OP\$Y?	NOTION GIVEN IN PART I(a) YOU KE YES, MERE FINI CAUSES OF DEATH?		onara/ in certifying
♂ or contributing			Manth Day Year 15 AT HOME, FARM, STREET, FAC	,		City or Town	County	State
22o. I certife sow the couses	y thot (I) (thise deceosed olives stated obove, it	e on Aco	did not) view the	ed from 200 4 90%, one that in (r body after death.	ny) (aus) opin	non death occurred an f		
22b. SIGNATURE 7-21 22d. PHYSICIAN' NAME (Typi	inter	Jane 19.	vars My	DEGREE ATTEND PHYS 22a AC	DIFESS ODE	RECTOR D STAFF D	22c. DATE SIGNE	168
230. BURIA., CREMAT	10N, 23b. DA			CEMETERY OR CREMATORY Hill Cemet	ery	23d LOCATION (City or Town Suitland	Maryl	and
24. FUNERAL DIRECTO			Im Funders	1 Home	25a ROCT	REGISTRAR 1968 Sb. REAL	SPAR'S SIGNATURE	ludge.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and damplete director, page 3 should be detached for use as the burial-transit permit. Then please remove carb should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event,

4308

Suitland Road

Suitland



14841

ompretely filled in by the funeral one 2 overcation papers of pages, I and 2 weeking, withink 72 hours pater death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compact director, page 3 should be detached far use as the burial-transit permit. Then please remarks can should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any eyest.

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Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1	Zi	Ω	-	n
J.,	*	O.	0	137

1. DECEASED		First		Middle		Last			2a. DATE OF				26 HOUR
(Type or p	orint)		Mason	Hewal	rđ	Cobb			Oct.	Month30)68 ^{Yeor}	3:50 ^A _M
3. SEX			4 RACE			S. DATE OF B				6 AGE (In year last buthday)	rs II	IF UNDER I YEAR	IF UNDER 24 HRS.
Mal	e		Caucas	ian		Fel	3,				YRS.	Uning DNIS	INJUKS BIJIS
	ICE (State or fo	reign	76. CITIZEN OF WH		8. MARRIED	NEVER MAI	RRIED	9	COUNTY OF	DEATH			
country)	Md		U	S A	WIDOWED		RCED 🔲	P	rince	Goerge	s		Md
	TOWN OF DEAT	1	give s	ME OF HOSPITAL OR IN treet address) nce Geo.G			duting			(Kind of work ife, even if ret S		126 KIND OF INDUSTRY Employ	
13a USUAL I	RESIDENCE (Whe	re deceos	ed lived, f institute	on Residence before	13t. CITY O	R TOWN	13d. JNS DE EL	TY JAMES	57 13e. STR	EET AND NUMB			
admission)	STATE		13b. COUNTY	Ceorge's	Lando	170*	YES 🔀	No [Chu	rch Roa	adI	P.O.Bo	x_1241_
14. FATHER S	NAME Fir		Middle	Lost		IS MOTHER'S M				Mid			Lost
	Josi	as M	ason Cob	b		Lo	uise	Sea	auberl:	ich			
16a, WAS DI	CEASED EVER I	U.S. AR	AED FORCES?	16b SOCIAL SECURITY		INFORMANT				Addi			
Tes, no o	yes	Li Roz Bre A	or or dotes of service)	579 12 33	558	Ethel	A Cob	b	Blade	ensburg	, Nid		
18. CA	USE OF DEATH	(Enter on	ly one couse per lin	e for (a), (b), and (c)	}								IMATÉ INTERVAL ONSET AND DEATH
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	ions, if any, wh		", U.	epatic fai	lure.		111.00	CHILL	zpiloo.				
	immediate co			S A CONSEQUENCE OF	A-10, A-3-, A-			-					
last	ine underlyn	(copse	(c)										
PART 2	2. OTHER SIGNSF	ICANT CO	NDITIONS CONTRIBU	ING TO DEATH BUT N	OT RELATED	TO THE TERMINA	L DISEASE (ORCON	DITION GIVEN	IN PART 1(o)			
2 43 1													
190. DA	TE OF OPERATIO	N 19b.	CONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20o AUT	PSY?			YES, WERE FIND	INGS CON	ISIDERED IN C	ERTIFYING
E						YES	x NO		CAUSES	OF DEATH?	es		
	CCIDENT WAS L		m 1 m 1 11177 m m 1			HOW INJURY OC	CURRED (E	nter n	ature of injury	y in Port 1 or F	ort 2, Ite	m 18.)	
	ontributing CC er, notify medi			Month Day Year									
- Z G H	JARY OCCURRE	D 21e.		AT HOME, FARM, STREET, FA	(TORY.) 21f. (LOCATION Stre	et or R.F.D.	No.	City	or Town		County	Stote
I I I Work	Not while [_ _											
22a.	certify the	r (I) <u>stb</u>	eachonnibally atte	ended the deceos	ed from_d	Des 2	7, 19	1.64	<u> </u>	ct. 30	, 1968	3, thot	(I) (30%) lost
5	aw the dec	eosed o	live on Oct	30,	19_68, al	nd that in (n	ATTACK (At	apıní	an death a	ccurred an t	he date	and haur	ond from the
		d abavi	e, (I) XWeX (GId)	did not) view the	body affer	deoin.					12, 04	ATE SIGNED	
226. 50	GNATURE		7 1	alial	DEC	REE PHYS		MED	CTOR 🗆	STAFF PHYS.	1		, 1968
	HYSICIAN'S AME (Type)	Ohai	nnes Saha	kyan, M. 1	D.	22e. ADI		lov	er Rd.	Cheve	erly.	, Md.	20785
	, CREMATION,	23b.	DATE	23c. NAME OF	CEMETERY O	R CREMATORY		- 1		N (City or Tawi		(County)	(State)
REMOV	AL (Specify)	No	v 2, 196	8 Ft L:	incoln	Cemete				Manor			Nid.
24. FUNERA	L DIRECTOR	F. Ga	s eh' s So	ns Hyat	tsvill	e, Nd.	2So REC	DV	REGISTRAR 4 19	25b REG 5		IGNATURE	del

32 +L indituno 4

O DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours after death necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages L, the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with form

TO DEPUTY

5 may be retained for your files.

• FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the Health prior to burial, cremotion, or removal and in any event within 72 hours ofter death.

	MARYLAND STATE DEPARTMENT OF HEALTH
4842	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	CEASED-NAME	First		Middle			Lost				KNOWN [] Mont	th Doy	y Yer	DF	2b HOUR
f1.	ype or Print)	Ella		Mary		Co	okso	a		OF DEATH	MATED	a 10	-22	-68 i	99:	35amm
3 SE	X	4. RACE	S, DATE OF BIE		S. AGE (in)	regrs (F UNI	DER 1 YEAR	# UNDER	24 HRS		PRONOUNCE					2d HOUR
		T.D. Jak			lest birthd	ay) MONTHS	DAYS	HOURS	MIN	Mon	ц	Doy 2		6819		:15am
	emale	White	8-13-1		81 <u></u>	MARRIED TX	ALCUTE ALA	post 7	0.00	JNTY OF D		hibi		0014	74	· L JOH
count	,	e at taleign			6	Call-1										
	r SI		USA			W-DOWED _	,s	ORCED			eorg		- E.a.			Md
10. CI	ty or town o		give :	AME OF HOSPITAL street address)		,					(Kind of w life, even it ewife			KIND OF DUSTRY		NESS OR
13a	USUAL RESIDEN	CF (Where decease	sed lived, if institu	utian Residence b	efore 13c	CITY OR TOW	N 3	ad. INSIDE CATY	LUM-TS?	13e. STRE	ET AND NU	MBER				
	TYPLAN		Fince	George 's	G	reenbe	_	YES 🗀ch	NO 🗌	39 0	Ridg	ge R	oad			
	THER'S NAME	First	Middle		Lost	15. MO	THER'S MAI	DEN NAME	First			ddle			Lost	
		Timo	thy O' E	lerron				nna Ma	arv	Holle	eran					
14 . 14	HAC DECEASED C	VER IN U.S. ARMED		166, SOCIAL SECUR	UTV NO	17 INFOR					ADDR	727				
	es, na, or unknay	A(S) (If yes give	war ar dates of service)	169 05 4				Josepl	h Co	okeo			al+	. Md		
	n					nar	7.62	osehi	00	(VICS ()	. 41	CILD	T	*	* XIMATE II	MYCOVAL
	18. CAUSE DI	F DEATH (Enter on	ly ane cause per l	ine far (a), (b), an	d (c).)									BETWEEN	ONSET A	IND DEATH
	PAKLII	DEATH WAS CAUSE	ATE CAUSE (o)	leart fai	Lure								I	minu	tes	
	4	1	DUE TO, OR	AS A CONSEQUEN	CE OFAX	terios	cler	otic 1	hear	t di	sease		1	unkn	own	1
		any, which gove	(b)													
		liate cause (a),		AS A CONSEQUEN	CE OF											
	last.	nderlying cause														
	DANT O STUTO	CIONICICALIT CONT	(t)	ING TO DEATH BUT	MOT DEL	ATCD TO THE 1	COLUMBIA: C	Meraer on	CAMBITIC	NI COTTO	N DART 17.1					
		SIGNIFICANT CONE	MITONS CONTRIBUT	ING TO DEATH BUT	NUL KEL	AIED IU IME I	EKMINAL L	SIZEWZE OK (CONDITIO	JN GIVEN I	N PAKE 1(0)					
No	4700			Tial completion		. 0000 171011								I no au	TARKYT	
CERTIFICATION	190. DATE OF	OPERATION		19b. CONDITION F WAS PERFOR		1 OPERATION								20. AU		
III.																NO [3]
	210 EXTERNAL			INJURY Month, Do	y, Yeor	21c HOW	INJURY O	CCURRED (Er	nter note	ire of injur	y in Port 1	ar Port 2	2, Item 1	18)		
MEDICAL	CAUSE OF DEA	OR CONTRIBUTING (.M.	19											
	21d INJURY OF	CURRED 21e.	PLACE OF INJURY ((At hame, farm, str	reet,	21f, LOCAT	ION Street	or R.F.D. No	,	City	or Town		(County		Stote
	AT WORK	NOT WHILE TO	ctory, affice building	ig, etc)												
ŀ			onk charge of I	the remains des	cribad o	have hold	on Auto	ancu 🗀	In	enection		nguiry		and i	in m	opinion
					()	_				spectian		1 /		tille i	н тау	op mon
	death re	esulted from:	J Mathial can	ses 🔀 / Acc	IDENT L	, Suicio	ie [_],	Homicio	de [_]	, Unae	termined	menn	er	J		
	A #991 A B	- 1	01	N	1	1		IEF MEDICAL			_					
	ACTUAL SIGNATURE		Ym	/~~				SISTANT MED				22b. D/	ATE SIGN		-	
	EXAMINER'S	//	0 1	1				PUTY MEDICA					10-	22-6	8	
	NAME (Type)	John He	hoe MD	Riverda	ale,	Md.	AD	DRESS(Street	t, citγ, to	own, ar cal	unty)					
230	BURIAL, CREMA	AT.ON, 1/23b	DATE	23c. NAM	E OF CEM	ETERY OR CRE	MATORY		23d	LOCATIO	(City or To	วพก)	(Co	ounty)	(Str	ote)
	REMOVAL (Spe	al C	ct 25, 1			Heave		meter			ton M		ome	ry	Md	•
24.	FUNERAL DIREC							25a, REC	<u> </u>			REGISTRA				
		P.	Gasch's	Sons Hy	atts	ville,	MG.	DATOC		5 196		Clia			LAS	
								DARY	1 64 1		~ .		ALC: N	7 75-4		

VR A15ME (5) 10M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND, 21201

	14843		CERTIFICATE OF DE	ATH		
1	1. DECEASED-NAME First	Middle	Lost	20. DATE OF DI		2b. HOU₽
	(Type or print) PEARL	· E	COUTURE		EK ^{anth} 21 ^{Do} 190	58'ear 5:15
	3. SEXFEMALE	4. RACE AUCASIAN	S. DATE OF BIRTH 4 Mar	1896	. AGE (In years IFU last brithday) MON	INDER : YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN
	NEW YORK	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE	GEORGE'S	Mi
4	ANDREWS AFB	MATECOEM G	ROW USAFHOSP	120 USUAL OCCUPATION (K	e, even if retired)	26 KIND OF BUSINESS OR NDUSTRY
	130 USUAL RES DENCE (Where deceased	d I/ved, if institution, Residence be	fore 13c. CITY OR TOWN 13d. 1 GLENS FALLS YES		T AND NUMBER L BOX 138	
	14 FATHER'S NAME First	Middle Lo	is MOTHER'S MAIDER	N NAME First	Middle	Last
	THEODORE	KILMER	CLA	ARISSE V	AN DUESI	EN
	160. WAS DECEASED EVER IN U.S. ARMEI Yes Do or unknown) (II yes give war	cardates of consumal	RITY NO. 17 INFORMANT 11-8682 RAYMON	2046 DORIS ND B COUTH	RD, Add AUGUS	
	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one cause per line far (a), (b), an	d (d).)	,		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATI	TE CAUSE (0)	IPDIAL IN FATO	r Acute		AM SHUTOS
	Canditions, if any, which gave to immediate cause (a),	DUE TO, OR AS A CONSEQUENCE	time of gastile	contests		muiches
	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE	E OF	Parces		12 4 ARRS
	ムカソ	DITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DIS	SEASE OR CONDITION GIVEN I	N PART 1(o)	
1	1.51	ondition for which operation we small Duct	Offstruction yes [2]		F DEATH? GES	DERED IN CERTIFYING
	G (If either, natify medical examine	HOUR A.M. Month Day er) P.M.	Yeor 19	ED (Enter noture of injury	in Port 1 or Part 2, Item	18 }
	While Not while at work		ET, FACTORY, 21f LOCATION Street or			ounty State
	220. I certify that (!) (this saw the deceased objects stated above.	hospitol) attended the dec ve on 2 OCT	teosed from 16 SAP 1968, and that in (my) (the body after death.	_ , 19 <i>68</i> , to <i>22</i> our) opinion death oc	DCT , 19 & curred on the dote of	, that (I) (we) los and hour and from th

23b. DATE

anum

ATTENDING PHYS 22e. ADDRESS MED DIRECTOR

22c. DATE SIGNED 68

PHYSICIAN'S NAME (Type) 22d.

BURIAL, CREMATION, REMOVAL (Specify) BUILS 23a

23c NAME OF CEMETERY OR CREMATORY

DEGREE

23d LOCATION (City or Town)

(County)

(State)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the bur al-transit permit. Then please remove carbon papers. They all and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after death. VR A15 (4) 30M REV 1/68

betweented within 24 haurs after death.

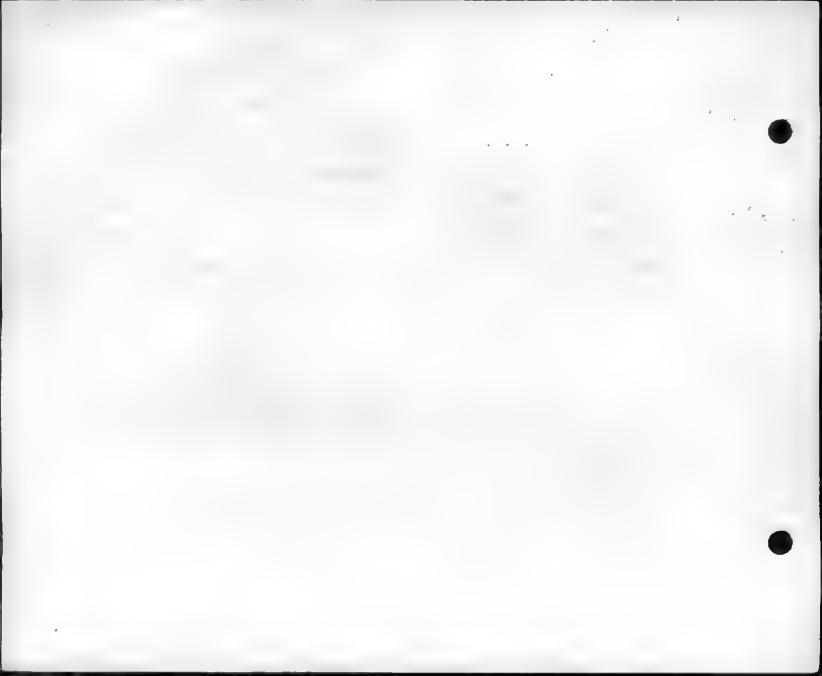
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificat

Page 4 may be retained by the haspital or attending physician.

10-24-68 Arlington FUNERAL DIRECTOR
Wilhelm Funeral Home 4308

250 RECD BY REGISTRAR 25b R

REGISTRAR'S SIGNATURE



CERTIFICATE OF DEATH

	CEASED NAME	First	Middle		Lost	20. DATE OF E			2b HOUR
T to	ype or print)	Pase	AN	N	Cox.		Month D	gy Yeor	3 .W
3. 51		4. RACE			DATE OF BIRTH		6 AGE (In years lost birthday)	MONTHS GAYS	IF UNDER 24 HRS. HOURS MIN
	Femal		White		3-17-8		SOL YRS		100.5
7o l	BIRTHPLACE (Stote or fo	reign 7b. CITIZE	N OF WHAT COUNTRY?		NEVER MARRIED	9. COUNTY OF			
	PRELAN!		USA.	WIDOWED			nce 6		
10 (ITY OR TOWN OF DEAT		11. NAME OF HOSPITAL OR guye street address)	INOTETITZNI	n hospital 12a USU	AL OCCUPATION (Kind of work done ife, even if retired.)	125 KIND O INDUSTRY	IF BUSINESS OR
5	JI WAO Y		Pipe View	D Go Rd	ens. H	OUSE WI	FE		
adm	ssion) STATE . //	27 : 13b. cc	nstitution. Residence before		1	O 3 13e STR	EET AND NUMBER	//	12
.83	329 HINN	e love P	DUNTY RINCE George					Uirdle	, cone
14	FATHER'S NAME FIN		Middle Lost Culligan	15. A	Anne	Smith	Middle		Last
1 6 a	WAS DECEASED EVER I			TY NO 17 INFO	DRMANT		Address		
	es, no, or unknawn)	(If yes give war or dates of s	266-24-	5437-B	Catherine	Kirk 22	29 Hindle		
			se per line for (a), (b), and	(c)) / -	- 37	7/1			XIMATE INTERVAL ONSET AND DEATH
	PART I DEATH W	VAS CAUSED BY IMMEDIATE CAUSE ((1)	culine	on Co	12/11	JR		
	4010		TO, OR AS A CONSEQUENCE	OF /7	11 2	. /	-	5	. 4
1	Conditions, if any, wh		(b) Cly	10:000	- Cleby	here	Bent	1	10.68.
	nse to immediate co stating the underlyis	daza fa) (TO, OR AS A CONSEQUENCE	OF C	0/2	. 17			
	last)	(c) (C)	1 " Cart	123 / 4 5 11	1 /46	2865 - 6		
	PART 2 OTHER SIGNA	FICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO T	HE TERMINAL DISEASE OR	COND TION GIVEN	IN PART 1(a)		
NO	1-71								
3	19a. DATE OF OPERATIO	IN 196 CONDITION	FOR WHICH OPERATION WAS	PERFORMED	20o, AUTOPSY?	CALISES	YES, WERE FINDINGS OF DEATH?	CONSIDERED IN	CERTIFYING
CERTIFICATION					YES NO]			
	210. ACCIDENT WAS I		TIME OF INJURY UR A.M. Manth Day Ye		INJURY OCCURRED (Ente	er nature of injury	in Part 1 or Part 2	?, Item 18.)	
MEDICAL	(If either, natify med	ical examiner)	P.M	19					
2	21d INJURY OCCURRE While - Nat while	D 21e. PLACE OF	INJURY (AT HOME FARM, STREET OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCA	TION Street or RFD No	a. City	or Town	County	Store
	While Nat while at work				<i>C.</i> / /: 10/		1	No C II	. //3 / 3 1 .
	22a. I certify the	it (I) (this haspit	al) attended the dece	osed fram	hot in (my) dour) on	<u>~ & ,</u> TO <u>/</u> union death o	coursed on the	date and hour	t (I) (we) last
	causes state	ed abave (1) (we) (did) (did nat) yew th	ne bady after de	ath.	illion death o	corred on the c	aute una naoi	, one nomine
	22b. SIGNATURE	1 /	0 1		ATTEMPING	MED.		c. DATE SIGNED	111
	(1)	had t	- Tapien	MA DEGREE		DIRECTOR .	STAFF PHYS	19/2	768
	22d PHYSICIAN'S NAME (Type)	ALFRA	EDELA	PIN, Mi	22e ADDRESS	-11/	Bal, My		
23a	BURIAL, CREMATION,	23b DATE	23c NAME	OF CEMETERY OR CR	EMATORY	23d LOCATIO	N (City or Town)	(County)	(Stote)
	REMOVAL (Specify)	10-31		Olivet			ington		D. C.
24.	FUNERAL DIRECTOR		ADDRE		25a. RECD	RY REGISTRAR	256 REGISTRAR		
	Wilhelm Fu	neral Hom	e 4308 Cui A	and Rd.	E. DATENOV	4 198	is falso	way Jan	de

VR AT5 (4) 30M REV 1/68

reand completely filled in by the funeral

ENDING MYSICIAM The law requires that the death certificater be executed within 24

Page 4 may be retained by the haspital or attending physician.

TO HOSPITAL

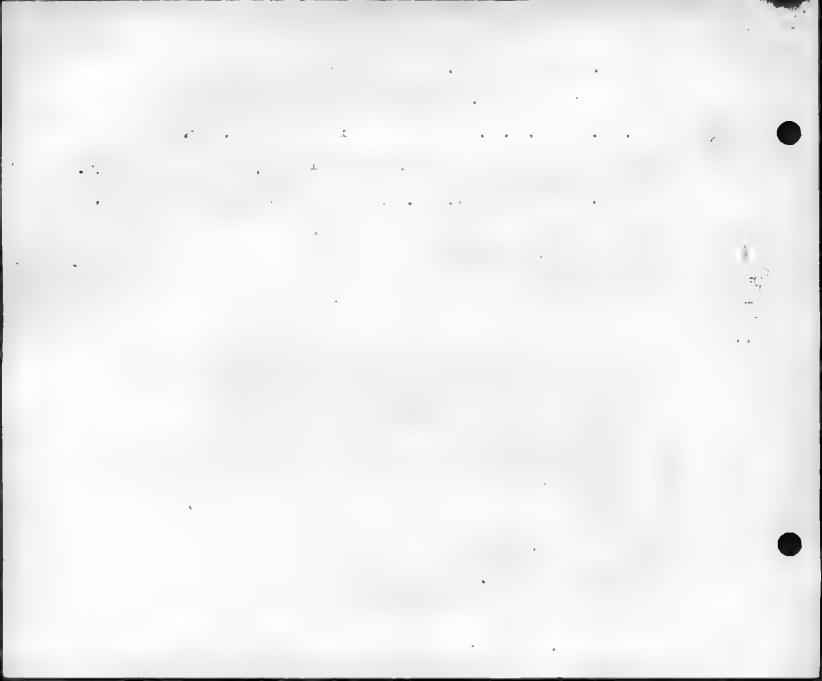
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fitted director, page 3 shauld be detached far use as the burial-transit permit. Then please terriove carban pershauld be filed with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event, within the state.

or real result.



MARYLAND STATE DEPARTMENT OF HEALTH Item2a Film@107 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14854 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME Middle € EIST 20. DATE KNOWN FOR Year 2b HOJR Patrick Curley ä 1968 DEATH MATED 6. AGE fin years F LINDER & YEAR 4 RACE S DATE OF BIRTH HE JINDER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOUR opd 83. 13 Nov. 1889 Mal a White 7o BIRTHPLACE (State or foreign 7b. CIT ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Give Pages 1, country) W. Va. U. S. A. WIDOWED TO Pr. Geo. DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (f not in hospital 12a JSJA. OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Ret. Clerk give street oddress) Lelenid Memorial Riverdale 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 3d this/DE CITY stm.35? 13e STREET AND NUMBER admission) STATE 13b COUNTY Item 18 YES SENO 2813 Laurel Ave. Pr. Geo. Cheverly 4 FATHER S NAME IS MOTHER'S MAIDEN NAME Middle Catherine John Curley Daughety 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 16b SOCIAL SECURITY NO. (No. no. waternown) Mrs Thomas Vacchi Same as # 13 (Daughter 18 CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c)) PART I DEATH WAS CAUSED BY +MMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE, OF Conditions, if only, which gove 1 rise to immediate cause (a) This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART HOL 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? 21d EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18) PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE AT WORK AT WORK 22a | certify that I took charge of the remains described above, held an Autopsy . Inspection . Inspection . Inspection . Inspection . Natural causes Accident . Suicide . Homicide . Undetermined manner deoth resulted from CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MED CAL EXAM NER 4 **EXAMINER'S** O FUNE Health OHN ADDRESS(Street, city, town, or county) NAME (Type) 23a BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (City or Town) (State) B REMOYAL (Specify) 10/16/68 Mt Carmel Cemetery Wood West Va ADDRESS 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE OCT 16 F. Gasch's Sons Hyattsville, Md. 1968 VR A15ME (5)

10M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

YLAND 21201

IVISION OF VITA	L RECORDS, 301	W. PRESTON	STREET,	BALTIMORE,	MAR
	CER	TIFICATE (OF DEA	TH	

20. 30. 40. 30				•	CENTIFIC	ALE OF DEATH				-84 15		U	
1 DECEASED-NAME	First			Middle		Last	2o. DATE O					26	Hohl
(Type or print)	Stace	У	0.	Daign	eault			10 Month 2	Doy	68	Year	4	P
3. SEX		4. RACE				S. DATE OF BIRTH		6. AGE (In years	s	IF UNDE		FUNDER	
Male		Whit	е			7-4-98		last birthday)	YRS.	MONTHS	DAYS	HOURS	M
7a. BIRTHPLACE (State o		b. CITIZEN OF	WHAT (OUNTRY?	8. MARRIED I	NEVER MARRIED 🗌	9. COUNTY O	F DEATH					
country) Perminan	1-	AFIT			WIDOWED I		Draft	na Can	7700	00			

A CT MOLLO	0,023		**190****	DITORCED		T.T.T.I.C.C.	gantRe	: 0	
10 CITY OR TOWN OF DEATH		11 NAME OF HOSPITAL OR INST				OCCUPATION (Kind		126, KIND OF B	USINESS OI
Riverdale, Md		give street address) Met	augebe		Reti	of working life, ev	ε	Motel	
13o. USUAL RESIDENCE (Where decease	ed lived, if in	stitution: Residence before	13c CITY OR TOWN	3đ lh	SIDE CITY JIMIT	13e STREET AL	ND NUMBER		
admission) STATE Md	13b. COUN	Prince G	Hyatts	YES	NO[1508	Madiso	n St.	
14. FATHER'S NAME First	Mide	dle Lost	15. MOTHE	R'S MAIDEN	NAME Firs	ì	Middle		Last

	Joseph	Daigneault		Ruth Hubbard	
ı	The second secon	16b. SOCIAL SECURITY NO.			14
	Yes, no, or unknown) (If yes give war or dates of service)	579 01 6384A	Zella	C Daigneault Hyattsvil	lle, Md.

PART I DEATH WAS CAUSED BY		CONGESTIVE	HEART	FAILURE	APPROXIMATE INTERVAL BETWEEN DISET AND DEAT
Conditions, if ony, which gove		ARTERIOSCLERO	70 C.V	DITATE	UNKNOW
rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF				

last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

EMPHYSEMA 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES 🔲 NO 4

CERTIFICATION 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 18) 216. TIME OF INJURY 🔲 OR CONTRIBUT NG 🔲 CAUSE OF DÉATH HOUR A.M. Month Day Year

(If either, natify medical exominer) (AT HDME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F D No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County White Not while

saw the	decea	sed al	ve an.	e) (did) (did not) view the bo	<u>ర8</u> , and that in (my) ((our)	pinion	deoth oc	currec	on t	he dote and hour and	I from th
22b. SIGNATURE	1	1	11		ATTENDING	$ \bot $	MED		STAFE		22c DATE SIGNED	1210

i, outlier	DEGINEE	PH33.		DIKECTUR	_	rn13.		
. HOUMANN	M.D.	22e. ADDRESS	R	LIVE	RD	ALL	5	MD.

23c NAME OF CEMETERY OR CREMATORY Forest awn Cemetery 23a. BURIAL, CREMATION, REMOVAL (Specify) 23d LOCATION (City or Town) 23b. DATE (County) Norfolk Norfork 10/5/68

24. FUNERAL DIRECTOR **ADDRESS** F. Gasch's Sons Hyattsville, Md

2Sa. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

State

(State)

Va.

14855

death within 24 hours ofter burial, cremotion, or removol, and in any event, within 72 hor complet) ly filled in PHYSICIAN: The law requires that the death certificate be executed **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician a director, page 3 should be detached for use as the burial-transit permit. Then please burial-transit permit. Page 4 may be rittained by the hospital or ottending physicion. director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to

VR A15 (4) 30M REV 1/68

PHYSICIAN'S NAME (Type)



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Page 4 may be retained by the hospital or ottending physicion.

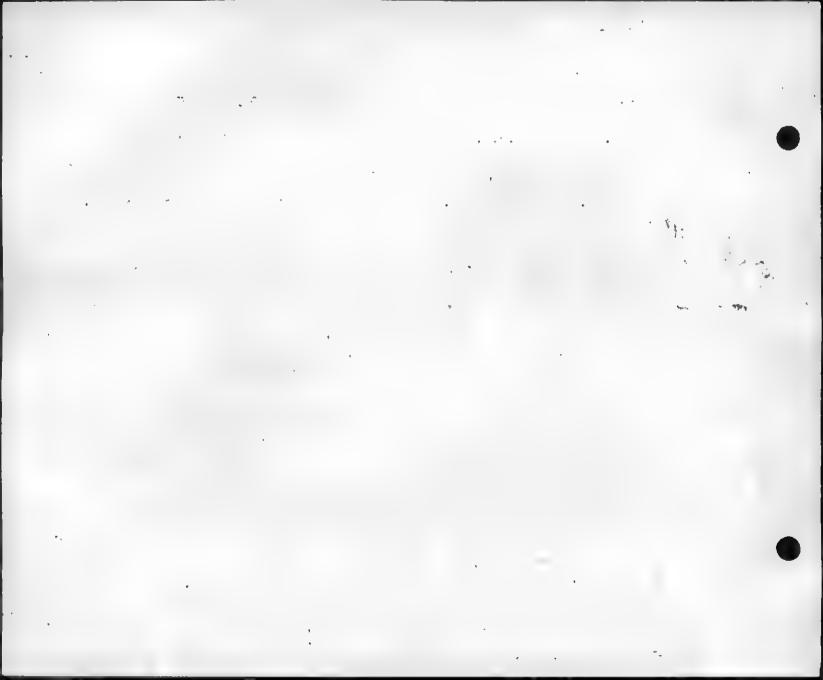
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in be director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 has

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

14856

			`							15 34
eoth.		DECEASED NAME First Type or pnnt) Alva	Middle		lost Daniel	s	20 DATE OF DEATH Octor	ter Dol	Yeor 68	26 HOUR 1 9:30 _M
	3. 5	Female	4. RACE White		S. DATE OF BIRT	H 22,_19	6. AGE	(In years Hhdoy) YRS.	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
72 hou		BIRTHPLACE (State or foreign intry) Md.	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	B MARRIED WIDOWED	NEVER MARRI	CD [COUNTY OF DEATH Prince	Georges	5	Md
within 115	10.	CITY OR TOWN OF DEATH Cheverly	11. NAME OF HOSPITAL OR INS give street oddress) Pr		eorges		OCCUPATION (Kind of		125 KIND OF B	usiness or ne
event,	13o odn	USUAL RESIDENCE (Where deceosed	d lived, if institution: Residence before 13b. COUNTY Balt.	13c CITY OR Balti		A. INSIDE CITY EIMIT			d Rd.	
August A	14.	FATHER'S NAME First Sewell	Middle Evans	15.	. MOTHER'S MAID	DEN NAME First Peal	rl	Middle	Webst	Lost
dot, and	160	Yes, no pounknown) (If yes give war	D FORCES? bridges of service) 165. SOCIAL SECURITY N UNICADA		NFORMANT Charle	s G. Da	an iel s (sa	Address me as 7		
гето		PART I. DEATH WAS CAUSED	one couse per line for (1), (b), ond (e). BY: E CAUSE (o)	owo	1	ling				ate interval iset and death
cremation, or removal,		Conditions, if only, which gove	DUE TO, OR AS A CONSEQUENCE OF	mole	natel	Lace	+ dises	rse.		
ıı, crem		rise to immediate cause (o), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF	- mai	tel (mara	roma '			
ס מתווס		111	ITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL (DISEASE OR COM	NDITION GIVEN IN PAR	1(0)		
X	CERTIFICATION	190. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PER	RFORMED	20o. AUTOPS	NO 🗀	20b. IF YES, WEI		NSIDERED IN CER	RTIFYING
	EDICAL CER		HOUR A.M. Month Doy Year		OW INJURY OCCUI	RRED (Enter n	oture of injury in Port	1 or Part 2, It	em 18.)	
nebi.		21d INJURY OCCURRED 21e. F	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		CATION Street	ar R.F.D. No.	City or Town		County	Stote
ne srore		22a. 1 certify that (I) (this	haspital attended the decease	7 M T. UIII	3 159531 111 1 1114 3	, 19 .6. (aur) apını	_, taan death accorre	d on the dat	e and haur a	(I) (we) last and fram the
MI MI		22b. SIGNATURE	(I) (we) (did) (did not) view the	MI) DEGR	ATTENDING	/	D. STAFF	22r D	ATE SIGNED	68
should be tiled with the State Dept. of Health prior to burial,		22d. PHYSICIANS NAME (Type) JAM	SHID HAME	<i>D</i> .	22e. ADDRE		2017	Rd	to KIS	ON SHO
should	230	BURIAL CREMATION, 23b DI TREMOVAL (Specify) 10-	ATE 230 NAME OF 1	CEMETERY OR	CREMATORY		23d LOCATION (City of		(County)	(Stote) M.A.
5 A R	24.	FUNERAL DIRECTOR	Ter Oringer	me	1 3-18 5- 2	So. REC'D BY	REGISTRAR 25b	REGISTRAR S S	IGNATURE	der
V	- 0		,							



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 14857

_												
	ECEASED NAME	First		Middle		Last		2a DATE OF	_			2b HOURP
1	Type or print)	Will	iam	Henry	D	eVaugh	110		Oct.	34	1968	12:45 M
3. S	EX		4. RACE			S. DATE OF B			6. AGE (In ve		IF UNDER I YEAR	F UNDER 24 HRS.
	Male		Mh	ite		Apri]	10	1881	last birthoa	Y) YRS. M	ONTHS DAYS	HOURS MAN
7a	BIRTHPLACE (State at	foreign	76 CITIZEN OF		8. HADDIET	NEVER MA		9. COUNTY OF		182.1		
	ntrvì	,			WIDOWEL		RCED		e Geo	maaa	,	** *
10	Maryl		U. S.	NAME OF HOSPITAL OR II		. 16.	Franci	I OCCUPATION			12b KIND OF B	Md.
	Cheverly	AFT		e street oddress)			darina ma	acco F	life, even if re	tired)	INDUSTRY	8.Pm
13a	USUAL RESIDENCE (V	here deceas	ad Invad. if instit	ution Pecidence before	13c CITY C	R TOWN	13d. INSIDE CITY LIA		REET AND NUM		1801 0	ld
Gdm	nissian) STATE Mi	d.	13b. COUNTY	Pr/Geo's	Uppe	r	AE2 NO	X Tier	go Rd			
14.	FATHER'S NAME	First	Middle	Last	118.71	15 MOTHER'S M	AIDEN NAME FI	rst		ddle		Last
		Josep	h	DeVaugh	n			May	640 pm	, q	layman	
16a	WAS DECEASED EVER			166. SOCIAL SECURITY		INFORMANT						
	Yes na, or unknawn)	(If yes give w	var or dates of service)				t Pnal	heart	01 01	פייך ייטי	argo R	do
-	1	7U // - \-		the feet of the section	13	ar Kar.	t Pus	1199-01	per M	arl	PROM	ATE INTERVAL
	PART I, DEATH	WAS CAUSE	iy ane cause per D BY:	line far (a), (b) and (a	9.1	1					BETWEEN ON	ISET AND DEATH
	IMMEDIATE CAUSE (a) (Sychol Throntona											lays
	DUE TO, OR AS A CONSEQUENCE OF											
	rise to immediate cause (a), (b) Corelard Acles or (b)											
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF											
	(c)											
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
×	, X											
ATIC	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CO								ISIDERED IN CE	RTIFYING		
CERTIFICATION	YES NO CAUSES OF DEATH?											
	21a. ACCIDENT WAS		m			HOW INJURY O	CURRED (Enter	nature at injur	y in Part 1 or	Part 2, Ite	em 18.)	
MEDICAL	Government Hour A.M. Hou											
ME.	214 INTURY OCCUR	nrn h		/ AT HOME, FARM, STREET, F		LOCATION Stre	et ar R.F.D. Na.	City	ar Tawn		County	State
	While Nat while at wark			OFFICE BUILDING, ETC.	1					,		
	22a. I certify that (1) (this haspital) attended the deceased from May 1968, to 2700, 1968, that (1) (we) last											
	saw the deceased alive an 22 Att 1948, and that in my) (aur) apinian death accurred an the date and haur and from the											
	causes stated above, (I) (we) (did) (did nat) view the body after death.											
	22b. SIGNATURE	ATTENDING TO STAFF THE										
	1/1/	10h	2 rock	-	no de	GREE PHYS.	DI C	RECTOR \Box	PHYS.	Oct	27,	1968
1	22d. PAPYSTCIAN'S NAME (Type)	D .:		-	16.50	22e. AD					0.00	
,	insur (11be)	KO De	rt B.	Sasscer,			per M	arlbor	o, Md	20	870	
23 a	BURIAL, CREMATION				F CEMETERY O	R CREMATORY		23d. LOCATIO	N (City or Tav	m)	(County)	(State)
E	BEMOVAL (Specify)	10	/30/68	Ft.	Linco	ln Cen	1:	Blade	nshur	gF	Geo	_Md
	FUNERAL DIRECTOR			ADDRES	55		25a. REC'D BY		2Sb. REG	STRAR'S SI	GNATURE	
R	litchie	Bros.	Upper	Marlbor	o.Md.		DATENOV	12 19	68 🎢	lan	Cay you	12

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campfelely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1/08

f. f. f. Ţ ß

TO HOSPITAL OR ATTENDING FHYSICIAN: The Poge 4 moy be retained by the hospital or offer the form of a director, page 3 should be detached for use of should be filed with the State Dept. of Health pi

22d. PHYSICIAN'S Baltazar E. Perez, M.D.

22d. PHYSICIAN'S Baltazar E. Perez, M.D.

22e. A

22o. BURIAL, CREMATION, 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

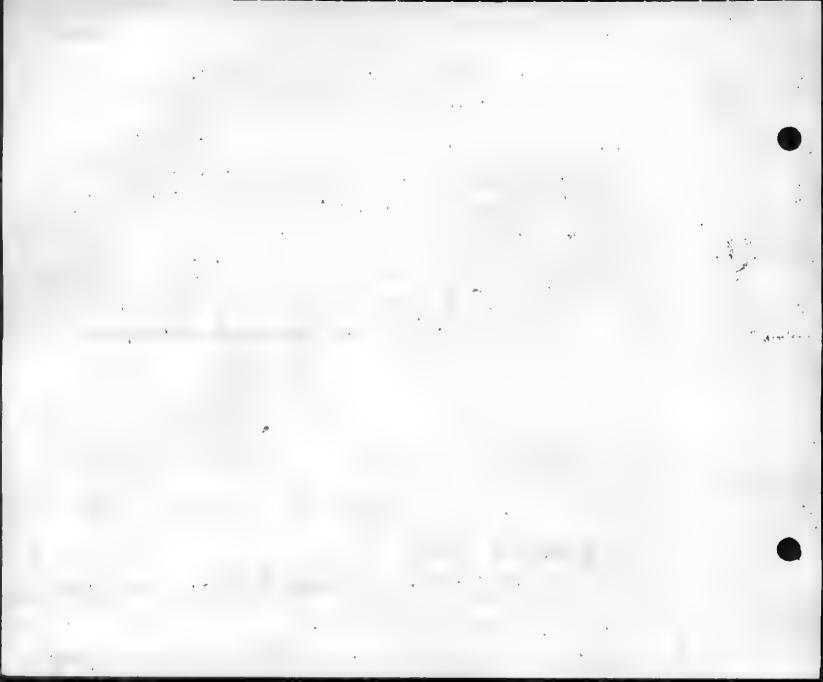
durial Oct 5, 1968 Cedar di 24 FUNERAL DIRECTOR ADDRESS F. Gasch's Sons Hyattsville.

REMOVAL (Specify)

250. REC'D BY REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 25c.

25b. REGISTRAR'S SIGNATURE

8 KChowles Jung



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14859 14850 CERTIFICATE OF DEATH 20. DATE OF DEATH 1. DECEASED-NAME First Middle Lost 2b. HOUR within 24 hours ofter death ond (Type or print) Oct. 22 donth 1968 oy SNEY MALCOLM S. DATE OF BIRTH E JNDER 24 HRS 3. SEX 4 RACE 6. AGE (In years IF UNDER I YEAR lost birthdoy) HOURS MONTHS Jan 15.1989 White Male 7o BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED 💢 NEVER MARRIED 🗌 WIDOWED T DIVORCED [Prince George Highland, Md. 12a, USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 2b. KIND OF BUSINESS OR INDUSTRY Garage give street address) during most of working life, even if retired). Garage owner 3 Riverdale, Md. Lelend Mem. 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY JMITS? odmission) STATE Highkand Jab COUNTY Howard YES [NO. remove, 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost signed by the attending physicion ar burial-transit permit. Then please to buriol, cremation, ar removol, ond in E. Wilson requires that the death certificate be Margaret Charles T.Disney 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) Highland, Md. Roland L. Disney APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 1MMEDIATE CAUSE (a) Conditions, if any, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause(PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELECTED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO ST for use Health O HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 may be retained by the hospital or 21o. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Doy Year (If either, notify medical examiner) P.M. 21d JNJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, EACTORY, 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while at work O FUNERAL DIRECTOR: After 22a I certify that (I) (this haspital) attended the deceased from saw the deceased alive on 1962, and that in many causes stored abave (II) (we) (did) (did not) view the bady after death. _1968, and that in my (our) opinion death accurred on the date and haur and from the 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR STAFF PHYS DEGREE 22e. ADDRESS 22d. PHYSICIAN JOHN R. BUELL M.D. 8116 GORMAN ATIONUE 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) **BURIAL, CREMATION** REMOVAL (Specify) Mt. Zion Highland Burial 24 FUNERAL DIRECTOR Donaldson Funeral Home ADDRES\$ 25a. REC'D_BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE

Laurel, Md.

30M REV.



DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14861

CERTIFICATE OF DEATH

DECEASED NAME First M. ddle Last 2a. DATE OF DEATH 2b HOUR (Type or print) 7:104 Marv Donath October S. DATE OF BIRTH 6. AGE (In years IF LINDER I YEAR 3. SEX 4. RACE HOURS 7/6/81 Female White 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9 COUNTY OF DEATH Prince George's WIDOWED F DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not 'n hospital 12a, JSUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give stratifice Georeg'e Gen. Cheverly dur no arout of working like, even if retired.) 13e STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased fixed, if institution: Residence before 13d INSIDE CITY JIM TS? 13c CITY OR TOWN Maryland 13b. COUNTY Landover Hill& 4204 72nd Avenue IS, MOTHER'S MAIDEN NAME First 14. FATHER S NAME Middle 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, no. or unknown) 1B. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY IMMEDIATE CALISE (a) Conditions, if any, which gove a rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES 🔲 NO XX 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBLTING () CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.)
OFFICE BUILDING, ETC 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (I) (this shospital) attended the deceased from Oct. 1, 19 68 ta Uctober 519 68 that (1) (Well last saw the deceased alive an October _1968 , and that in (my) (65) apinian death accurred an the date and haur and fram the causes stated above, (1) (we)(did) (detacet) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** DEGREE DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 7 Ave. Landover Hil 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Cuy or Town) 23a BURIA., CREMATION REMOVAL (Specify) (County) (State) 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sq REC'D BY REGISTRAR

physician attending phys permit. burial-transit signed by O HOSPITAL OR ATTENDING FRANCES or attending Page 4 may be retained by the haspital or attending to FUNERAL DIRECTOR; After this certificate has been so FUNERAL DIRECTOR; After this certificate has been so FUNERAL DIRECTOR.

or remayal, and in any event, within 72 hours

burnal, crematian,

please remove carban

xecuted within 24 hours

be

campletely filled in

VR A15 (4) 30M REV 1/68



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the June and 2 director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept, of Mealth prior to Lurial, cremation, we remove, and in my event, within 72 mum after death. cuted within 24 hou TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate (Page 4 may be retained by the hospital or attending physician.

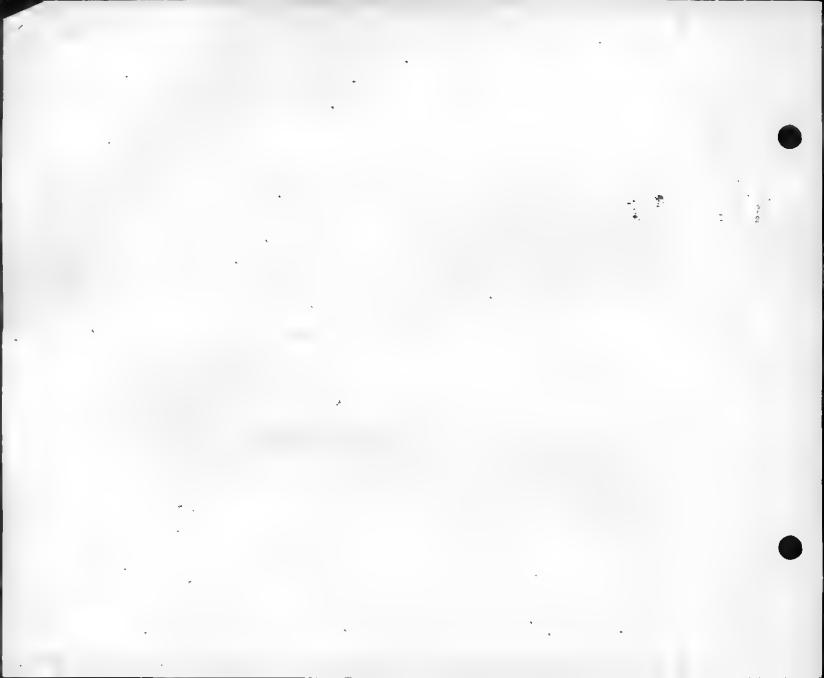
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14853
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)								
Prince George's MARYLAND	a. STATE. b. COUNTY								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
HYDITS WILLE MA	MASHINGTON D.C.								
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?								
CARROLL MANOR 4922 LA SALLE RS.	2222 EYE ST. N. W. YES□ ND Y								
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year								
(Type or print) 4 L/V M. U.S. SEX (6, COLOR OR RACE 17, MARRIED TO NETUEN MARRIED TO 18	7) E Y DEATH O CT 1968								
7. MARKIED NEVER MARKIED	last birthday) Months Dave House Min								
WIDDWED DIVORCED	3 - 28 - 1883 8 3 yrs. Williams bays main.								
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 10c. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY?								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME.								
GEORGE R. BREWER	JULIA M. WATHEN								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address								
(Yes, no, of unknown) (If yes give war or dates of service) 579-10-1222 J-1	MARGARET M. DORSEY 2A & C & E ABOUT								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e Heart Frilure Years								
4/20 DUE TO	11 11 11								
Conditions, if any, which) (b) (Islemoscherolica	and Lephorlenian Heart Thomas Years								
gave rise to Immediate cause (a), stating the DUE TO									
underlying cause last.) (c) [MillasClenus	is general years								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE The state of the sta	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TO NO TO								
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUP DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of Injury In Part I or Part II of Item 18.)								
20c. TIME DF INJURY Month, bay, Year 20d. INJURY OCCURRED 20e. PLAC Hour a.m. While Not While at work at work	E OF INJURY (Home, ferm, 20f. (City or town) (County) (State) y, street, office bidg., etc.)								
21. 1 certify that (I) (this hespital) attended the deceased from (2)	mi/17 1967 to Oct 1968, that (1) (web last								
	death occurred at 22° pM, from the causes and on the date stated above.								
22a/ SIGNATURE	22b. DATE SIGNED								
White Brenner & M.D.	PHYS. DIRECTOR D PHYS. DIRECTOR D PHYS.								
PHYSICIAN'S NAME (Type) NAME (Type) NAME (Type) NAME (Type)									
DOHNT. DEENNEN, V.C.	3344 RUNNYMEASEPL, N. W. WASHINGTON DC								
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. (LOCATION (City, town or county) (State)									
24. FUNERAL DIRECTOR ADDRESS AC 3	CEMETERY WHITHING TON W.								
P. A. J. Julia Par Lange T. 14 1.	1/4								
MINHASI JUNEVAL LIGHT AND 1700 DEOKOLAHUE NY	1 DATE CT 3 1968 Schools Judge								

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14863 CERTIFICATE OF DEATH M.ddle Last 1. DECEASED-NAME First 2a. DATE OF DEATH 2b. HOUR within 24 hours after deoth. death. the Tuneral 03ERY (Type or print) 6 6 AGE (In years 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER I YEAR IE JNDER 24 HRS last birthday) OCT. 7a. BIRTHPLACE (State or fore an 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED signed by the ottending physician and completely filled in buriol-transit permit. Then please ramove corbon papers buriol, cremation, or removal, and in any event, within 72 h country) GEORGE" WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR during most of working life, even if retired) 13o. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c, CITY OR TOWN 13d INSIDE COPPLIMITS? 13e STREET AND NUMBER odmission) STATE 13b COUNTY YES FY 14. FATHER S NAME IS. MOTHER'S MAIDEN NAME First Middle Last ove PHYSICIAN: The low requires that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes, no. or unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN DISSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or attending physicion. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗌 YES 🔲 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County State City or Town While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased fram—saw the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death. DR. KEHOC NUTTELED 22b SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS PHYS 22d. PHYSICIAN'S 22e, ADDRESS RAINIER NAME (Type MD 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23b, DATE 23c. NAME OF CEMETERY OR-CREMATORY (County) (State) REMOVAL (Specify) VR A15 A 30M REV.



please execute the certificate, TO FUNE Health

VR A15ME [5]

22b. DATE SIGNED

NAME (Type) 230 BJRIA CREMATION REMOVAL (Specify)

ACTUAL

SIGNATURE

EXAMINER'S

deoth resulted from:

Jøhn Kehoe MD

23c. NAME OF CEMETERY OR CREMATORY

Suicide

Homicide

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER (XX)

Accident

Riverdale, Md.

ADDRESS(Street, city, town or county) 23d LOCATION (City of Town)

Undetermined monner

(County)

30-9-68

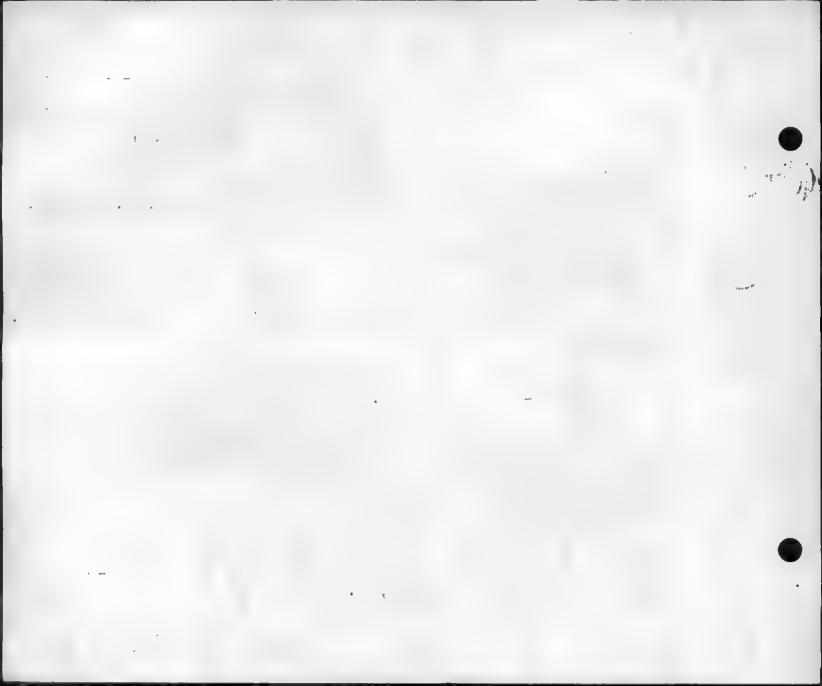
(Stote)

24 FUNERAL DIRECTOR H.S. Washington +

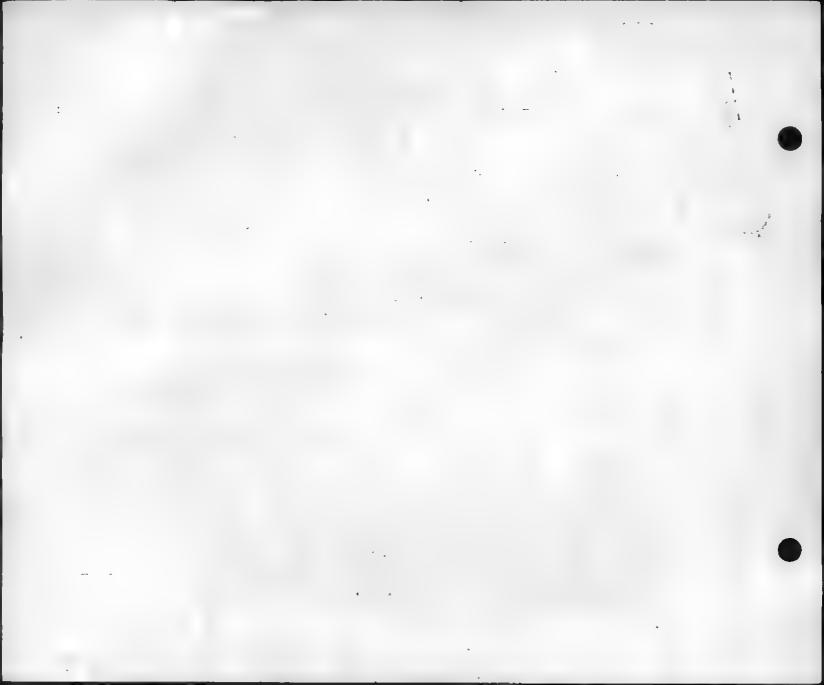
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VR ATSME (SI 10M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14866 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME Middle 20 DATE KNOWN Month Doy Yeor OF ESTI DEATH MATED & 10-10-68 196: 50am M (Type or Print) Guv Duckett 4. RACE 6. AGE (In years IF UNDER 24 HRS. 2c DATE PRONOUNCED DEAD 3. SEX 5. DATE OF BIRTH 2d HOUR 6819 7: 11amm 12-9-1904 63 Male Negro 7o BIRTHP_ACE (State or foreign MARRIED TO NEVER MARRIED 7b, CIT ZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH country) Maryland U.S.A. WIDOWED [7] DIVORCED [Prince George's 1) NAME OF HOSPITAL OR INSTITUTION (f not in haspital 10. CITY OR TOWN OF DEATH 12e. USUAL OCCUPAT ON (Kind of work done 126 KIND OF BUSINESS OR NOLSTRY Commeric give street oddress)
Prince George Hospital duting most of working life, even if retired)
Truck Driver Cheverly Furniture 130 LSJAL RESIDENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER George's Seat Pleasant YES NO 7205 F Street hours in pencil in Item-1 after 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME Unknown Jane 24 Unknown haurs 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT be executed within St. (Yes no or unknown) 7-10-6306 Elsie Duckett Fie APPROXIMATE INTERVAL within CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH pending PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Heart failure minutes DUE TO, OR AS A CONSEQUENCE OF Coronary artery occlusion minutes Conditions, if any, which gove (b) From aretriosclerotic heart disease unknown rise to mmediate couse (a). This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse _= PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART \((a)\) 0 removal, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES 🔀 NO F pe 2) o EXTERNA, CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 2)c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 3 should PRIMARY TOR CONTRIBUTING T HOUR A.M. MEDICAL crematian, CAUSE OF DEATH 21d JNJURY OCCJERED 21e PLACE OF INJURY (At home, form, street 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office bunding, etc.) WHILE NOT WHILE AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy 🔀 Inspection X Inquiry [and in my opinion Accident . Natural causes x deoth resulted fram: Suicide 🗍 Undetermined monner Hamicide CHIEF MED CAL EXAMINER ACTUAL 22b DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE 10-11-68 DEPUTY MEDICAL EXAMINER 3 **EXAMINER'S** NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county) 0 230 BURIAL REMAT ON 23b/DATI 23d JOCATION (City or REMOVAL (Specify) 24 FINERA, DIRECTOR 250 REC D BY REGISTRAR VR A15ME (5) 10M REV 1768

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14858 1. DECEASED-NAME (Type or print)

Miled in by the funeral in popese. Pages 1 and 2 whin 72 hours after death.

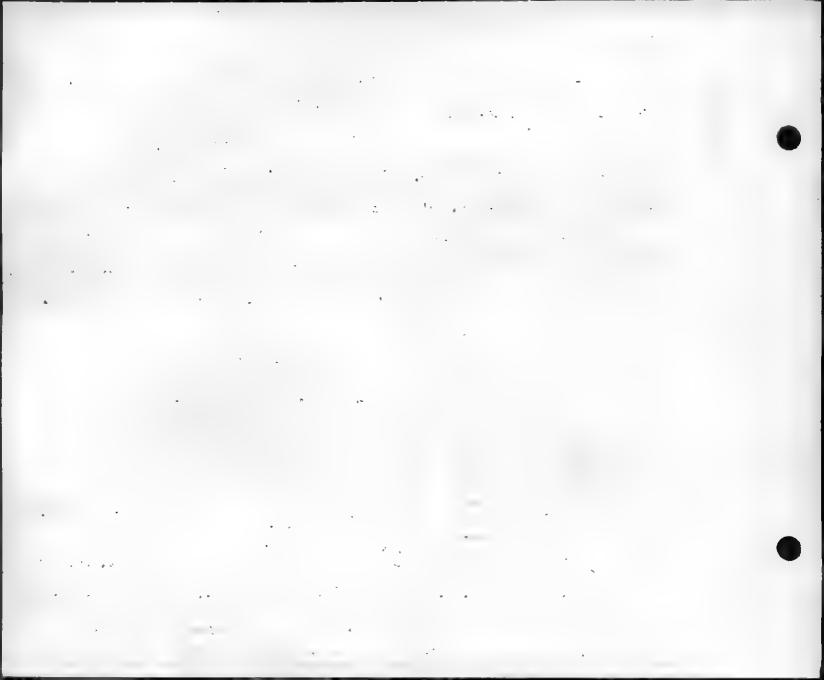
signed by the ottending physician and completely buriol-transit permit. Then please remore a band os the prior to b O FUNERAL DIRECTOR: After this certificate hos been be retained by the hospital or Page 4 may

maures that the death certificate be executed within 2 ■ ■ urs aft

CERTIFICATE OF DEATH Middle 20. DATE OF DEATH 2b. HOUR 1968 Duva1 S. DATE OF BIRTH 6. AGE (In years last birthday) 9-8-1884 Female. Caucasian 70. BIRTHPLACE (State or foreign) 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH Cashington USA WIDOWED K DIVDRCED | Prince George's 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Cheverly | Give street address) | Prince Geo.Gen'l Hospital | 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before | 13c CITY OR TOWN | 13d during most of working life, even if retired.) 13d INSIDE CITY UMITS? 13e. STREET AND NUMBER 13b (OUNTY

Prince George's YES NO 6815 Eads Street Maryland 14. FATHER S NAME First Middle TS, MOTHER'S MAIDEN NAME First Lost Joseph Palmer Mary Steele 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Glen Way (If was give war or dates of service) Yes, no, or unknown) Nelson Duvall unknown 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART 1 DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Ceretro-vasculas Conditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS, A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOW RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) "it chiril and 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT MOME FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town State County While Not while at work 22a. I certify that (I) (the share its) attended the deceased from full (my) (ext) opinion death accurred an the date and hour and from the causes stated above, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING Oct. 29, 1968 DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Peter Duus, M. D. 6056 Central Ave., Capitol Hgts, Md.20027 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE 23a. BURIAL, CREMATION (County) REMOVAL (Specify) 11-1-68 Congressional Mashington, D. 256. REGISTRAR'S SIGNATUR 2Sq. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Wilhelm Funeral Home 4308 Suitl nd Rd. S. E.

VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14868 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME Madle. 20 DATE KNOWN Marth Day 2b HOUR (Type of Print) DEATH MATED TO 3pm M OVELESS Hazel 4 RACE 2c DATE PRONOUNCED DEAD 3 SEX 6. AGE (in veors IF UNDER 24 HRS Female White 19 5:20 DMLM 2-3-1910 58 YRS 7a B RTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Prince George's WIDOWED TO DIVORCED | 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a uSUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working ite, even if settred)
ASST, CASHIER Prince George Hospital INDUSTRY Cheverly 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d HISIDE CITY LINUTS? 13e STREET AND NUMBER Prince George's Brandywine YES X NO Rt4. Box 142A 4 FATHER'S NAME IS. MOTHER'S MAIDEN NAME LOVELESS ADEN pages hours be executed within BRANDYWINE KOLAND 18. CAUSE OF DEATH (Enter only one cause per the far (a), (b), and (c)) permit AS CAUSED BY Laceration of brain PART I. DEATH WAS CAUSED BY-DUE TO, OR AS A CONSEQUENCE OF Compound skull freeture of skull (b) From trauma - auto accident Canditions, if any, which gave) rise ta immediate cause (a), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊆ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES | NO DO 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING Involved in auto accident. 10-7-1968 CAUSE OF DEATH 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, form, street, City or Town County Rt. 301 and Rt. 381, Prince George County, Maryland 220. I certify that I took charge of the remains described above, held an Autopsy ... Inspection [X], Inquiry [], and in my apinian Natural causes // Accident 🔀 Suicide . Homicide deoth resulted from: Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 10-8-68 DEPUTY MEDICAL EXAMINER Health John/Kehoe MD Riverdale. Md. ADDRESS(Street, city, town, ar county) NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION. 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) 10-11-68 T. LINCOLN ND. 24. FUNERAL DIRECTOR 2Sa REC D 8Y REGISTRAR VR A15ME (5) HOME WALDORF MD. DATE OCT



death.

within 24 haurs

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exeguited

Page 4 may be retained by the haspital ar attending physician.

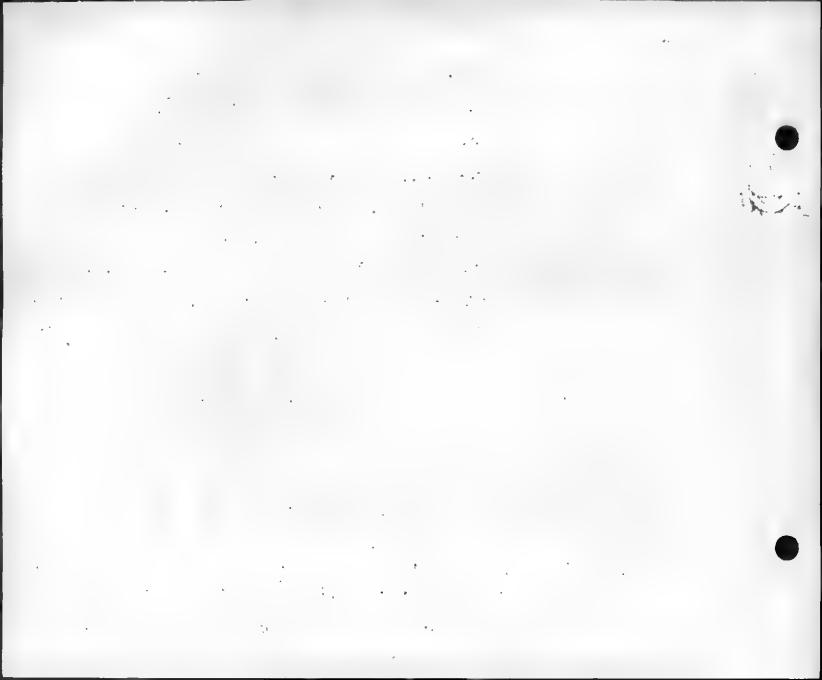
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14860

2010	State of second	15000		CERTII	ICATE OF I	DEATH	•	1 3:0	03			
		CEASED-NAME First	M	ıddle	Last	20	DATE OF DEATH		2b HOUR			
	(1	ype or print) range	m	E	rhan	}	Oct Month	10 Gent	195 M			
	3. SE		4. RACE		S DATE OF BIR		6 AGE (In yea					
		Female	Caucasian		AU9. 1	6,188	2 last withdox	YRS. MONTHS DAYS	HOURZ MIN			
	7o. B		b. CITIZEN OF WHAT COUNTR	RY? 8 MARR	ED 🔲 NEVER MARR	ED 9 COU	NTY OF DEATH					
	coun	ew Tork	U.S.A.	WIDOW			Ince George	e's	Md.			
	10 C	ITY OR TOWN OF DEATH		PITAL OR INSTITUTION	(If nat in haspitol	120 USUAL OCCE	dane 12b KIND C	12b KIND OF BUSINESS OR				
1		Cheverly Prince Geo.Gen 1 Hospital during most of working life, even if retired) INDUSTRY										
	13a	USUAL RESIDENCE (Where deceased	lived, if institution. Reside	nce befare 13c. CITY	OR TOWN	3d INSIDE CITY LIMITS?	13e. STREET AND NUM	8ER				
		ission) STATE Maryland	13b COUNTY Prince Geor	ge's Mt.	Rainier	YES 🔀 NO 🗌	4234 34th	Street				
II	14 F	FATHER S NAME First	Middle	Last	15. MOTHER'S MAI	DEN NAME First	Mil	ddle	Last			
		Fred		tner		Margar	et	Rile	У			
	160.	WAS DECEASED EVER IN U.S. ARMED	Contract of Contra		7. INFORMANT			iress				
	- '	es, no or unknown) (If yes give wor o	e 216	22 0716	Dorothy	carr 3	234 34th		Rainier			
		18. CAUSE OF DEATH (Enter only		(b), ond (c).)		1			ONSET AND DEATH			
		PART I. DEATH WAS CAUSED E IMMEDIATE	12	12 4ns.								
	T DUE TO, OR AS A CONSEQUENCE OF											
		Conditions, if any, which gove) (b) Spyere, Generalized Anterio-Sclenosis 5 yrs.										
		rise to immediate cause (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF										
		lost. (c)										
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										
	No.	Hypertensive Cardio-Vascular Disease										
1		190. DATE OF OPERATION 19b. CO	INDITION FOR WHICH OPERAT	ION WAS PERFORMED	20a AUTOP	CAUCEC OF DEATHS			IGS CONSIDERED IN CERTIFYING			
1.	CERTIFICAT				YES 🗌] NO 🔀						
	J (E	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	= 1 to 1 t	Doy Yeor 21	HOW INJURY OCCL	HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)						
	2	(If either, notify medical examiner	P.M	19								
	2	21d INJURY OCCURRED 21e Pt While Not while	ACE OF INJURY (AT HOME, FA	RM, STREET, FACTORY,) 21 DING, ETC	F LOCATION Street	ar R.F.D. Na.	City ar Tawn	County	State			
		at work at work			4		1 1 1 1 1 1 1	10 7 17 10				
		22a. I certify that (I) (this bespitel) attended the deceased from Sept. 5, 1968, to OCt. 10, 1968, that (I) (we) lost saw the deceased alive an OCt. 10, 1968, and that in (my) (ow) apinion death accurred an the date and hour and from the										
		causes stated above,	(I) (we) (did) (did-net)	view the bady af	er death.) (oor) apanan	deam accorred an	the dute and had	I dila ilalii ille			
		22b, SIGNATURE		NI.	7	, upo	27100	22c DATE SIGNED				
		Charles C	. Klage	rae 9	ATTENDING DEGREE PHYS.	MED DIRECTO	R PHYS.	Oct. 10	1968			
1		22d. PHYSICIAN'S 22e. ADDRESS										
		NAME(Type) Charl	es C. Hageag	e, M. D.	330	18/8hh	y St. M	t. 18a141	er, My-			
	23 a.	BURIAL, CREMATION, 23b. DA		. NAME OF CEMETERY			LOCATION (City or Tow		(State)			
			14/1968	Port Lin	coln Cer	netery (Colmar , ta	nor id				
0		FUNERAL DIRECTOR		ADDRESS		250 REC D BY REGI	STRAR 2Sb. REGI	ISTRAR'S SIGNATURE				
1		Nalley's Fune	ral Home	Wt. Kain	ier, id	DATE UUI	5 1968 /	Charles &	marge,			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compretely filled in by a director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Page should be filed with the State Dept. at Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs VR A15(4) 30M REV. Pa



MARYLAND STATE DEPARTMENT OF HEALTH

C.E.I.

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mp / ve c	admissi	on) STATE Mar	yland	13b. COUNTY	r. Geo.	Colleg	e Park	YES NO	T 3423	Metzero	tt Rd	
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The law requires that the death certificate be executed within attending physician. has been signed by the attending physician and completely as os the burial-transit permit. Then please remove cabon the prior to burial, cremation, ar removal, and in any event, which	-						/ /	100				GMATE INTERVAL
ne death cer attending p permit. The ton, ar remo	18	CAUSE OF DEAT	H (Enter only	ane cause per i	101 (o), (b), 60 (())	1:12	Tille,	ムノ			OMSET AND DEATH
ne death attendi permit.	1 1	PART 1. DEATH	IMMEDIATE	CAUSE (a)	1	1 600/	may y	2000				
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equires 1 physicia signed 1 burial-tr	1	ART 2 OTHER SIGN	IFICANT COND	TIONS CONTRIB.	TING TO DEATH BUT	NOT RELAXED TO	HE TERMINAL	DISEASE OF CO	INDITION GIVEN	N PART 1(o)		
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The lay attend has be see os ith prior	2 2						YES	NO F	CAUSES O	F DEATH?		
4 44 -	¥ 2	le ACCIDENT WAS	UNDERLYING	21b. TIME O	F IN LIRY	23c H			pature of injury	in Part 1 or Part 2,	Item 181	
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TO HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the hospital TO FUNERAL DIRECTOR: After this certifical director, page 3 should be detached for should be filed with the State Dept. of He	23a. B	URIAL, CREMATION, PEMOVAL (Specify)	23b Dk			F CEMETERY OR			23d. / DCAT ON	(City or Town)	(County)	(State)
5 5 5 2 2		EMOVAL (Specify) Burial	Oct	26, 19			emetery			25b REG STRAR		
VR A15	24. FL	INERAL DIRECTOR	Gaschl	s Sons	Hya ttsvi			2Sq REC'D BY			arla C	
30M REV 1/88	7	£ .	dascii.	5 DOMS	yu 0 0 0 0 V X	220 4 110		DATE OCT	1 40 13	68 gch	ares &	Mary Mary
,											4	~





23c NAME OF CEMETERY OR CREMATORY

Sacred Heart Cemetery

PHYSICIAN: The law requires that the death certificate be ex Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be filed

24 hours after death

VR A15 (4) 30M REV 1/68 NAME (Type)

230 BERIAL, CREMATION,

Britte Plate and A

250, REC D BY REGISTRAR

Maryland

La Plata

23d LOCATION (City or Town)

25b REGISTRAR S SIGNATURE

(County)

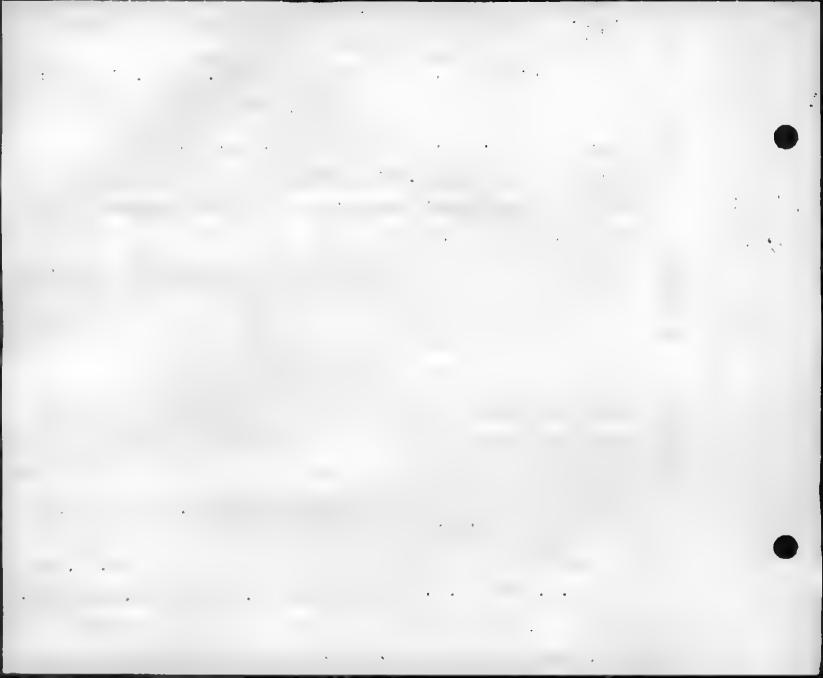
Maryland



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY! CERTIFICATE OF DEATH 14866 2. USUAL RESIDENCE (Whare decased lived, If institution: Wildence before admis-1. PLACE OF DEATH . COUNTY b. COUNTY Prince George Prince George MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside comprate limits e. LENGTH OF STAY IN 16 write RURAL and give nearest town) Accokeek Accokeek d STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital ig ve street address, ON A FARM? 11h Accokeek Rd. YES NO Z 3. NAME OF First M ddle DECEASED Frazier DEATH (Type or print) Leona Laura 19 68 6 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Sept. 23. 1905 Female WIDOWED IX DIVORCED (10a. USUAL OCC. PATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 106, KIND OF BUSINESS OR INDUSTRY . 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if ratired Norfolk Co. Virginia USA Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary E. Faulk James "Y. Cuffee 114 AccokeekRd 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yas, no, or unkown) | (Ifyesgivawarordatasofservice) Accokeek. Md 579-52-7865 Mrs. Celestine Baskerville INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a. (b), and (c) ONSET AND DEASTH PART I, DEATH WAS CAUSED BY: Cerebrovascular accident IMMEDIATE CAUSE (8) DUE TO General Arteriosclerosis vears (b) gave risa lo immediata ceusa DUE TO (a), stating the underlying Hypertension PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 206. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stata) , 20e, PLACE OF INJURY (Home, farm, 20f. (City or fown) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED factory, street, office bldg., etc.) Not While While Hour e.m. al work at work 21. I certify that (I) (this haspite) attended the deceased from 9-30-...... 19.68 to 7 0-1-..... 1968 that (I) (last 22b. DATE 22e. SIGNATURE SIGNED DIRECTOR PHYS. HOSPITAL sath. Page 4 FUNERAL 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Chen. M.D. Accokeek, Maryland 2060 9 230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) REMOVAL (Specify) Cheaspeake. Virginia 0 Burial 25a. REC'D BY REGISTRAR 256 REGISTRAR S SIGN 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Robert G. Mason Co. Inc. 2500 Nichol 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14863 14877 CERTIFICATE OF DEATH 1. DECEASED-NAME First 2a. DATE:OF DEATH 2b. HOUR executed within 24 hours after death. (Type or print) Month S. DATE OF BIRTH 3. SEX 6. AGE (In yeori IF UNDER TYEAR IF UNDER 24 HRS. bunal-transit permit. Then please remove corbon papers. Pages burial, cremation, or removal, and in any event, within 72 hours aftel completely filled in by the love corbon popers. Poges iast builday) MONTHS 7o. BIRTHPLACE (State or foreign **7b CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH** 8. MARRIED [NEVER MARRIED [GLORGES. WIDOWED ID DIVORCED NAME OF HOSPITAL OR INSTITUTION (If not in bospital 12a USUAL OCCUPATION Kind of work done 126 KIND OF BUSINESS OR give street address 130. USUAL RESIDENCE (Where deceased lived, if instituting, Residence before 13d. INSIDE CITY JIM TS? 13e STREET AND NUMBER 13b. COUNTY admission 14 FATHER'S NAME Middle First Last Middle Lost LUCUIS attending physician permit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h, SOCIAL SECURITY NO INFORMANT Address Yes, na, arunknawn) (If yes give war or dates of service) requires that the death certi-APPROX MATE INTERVAL BETWEEN ORSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by the burial-transit p Conditions, if any, which gove) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF attending physicion. stating the underlying cause signed I PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLT NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to CERTIFICATION 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO [O FUNERAL DIRECTOR: After this certificate Poge 4 may be retained by the hospital ar 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH Month Day Year HOUR A.M. (If either, natify medical examiner) P.M. (AT HOME FARM, STREET FACTORY.) 21F LOCATION Street or R.F.D No. 21d. INJURY OCCURRED 21e PLACE OF INJURY City or Town County State While Nat while at work TENDING 220. I **certify** that (I) (this hospital) attended the deceased from Sept (th), 1968, to Cict 14th, 1968, that (I) (we)-last saw the deceased alive an Sept 16th 1968, and that in (my) (our) opinion death occurred on the date and have and from the couses stated above, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURI 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR PHYS 22d PHYSIC AN'S 22e ADDRESS NAME (Type) BLIRIAL CREMATION 23b DATE 23d LOCATION (City or Town

ADDRESS

Md.

Laurel.

2Sb REGISTRAR S S GNATURI

BY REGISTRAR

VR A15 (4) 30M REV 1/68

Laurel Funeral Home.



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1486	S.	MEDIC	AL EXAMI	NER'S	CERTIFICAT	E OF DI	EATH		1.5	1019	
1. DECEASED-NAME (Type or Print)	First		Middle)	Last			20. DATE KNOWN	Month Day	ү Үеог	2b, H0U
Tribo or timit	Isado	r	Ray		Gibs	on		DEATH MATED 🗺 1	10-29-	68 19 1	3 00ar
3 SEX	4. RACE	S. DATE OF BIR	TH	6. AGE (In year	S IF UNDER 1 YEA	IR IF UNDER	24 HRS.	2c. DATE PRONOUNCED D	EAD		2d. HOU
Male	White	12-21-1		67 Y	RS		Milh	10 29	§Y	68193:	:07am
70 BIRTHPLACE (Stat	le or foreign 75	. CITIZEN OF WH	AT COUNTRY?	B A	MARRIED NEVER	MARRIED 🔲	9 COU	INTY OF DEATH			
rountry) Va.		US	A	W	IDOWED [DIVORCED	Pr	ince George	ts		1
O CITY OR TOWN O	F DEATH			OR INSTITUTE	ON (if not in hosp	rtal 12a. I	USUAL O	CC_PATION (Kind of work	done 12b	KIND OF BU	JSINESS OR
Chever	•lv		treet oddress) Pince Ge	orge F	lospital	during	g most o	t working life, even if reto tired cabine	et mak	er U	S Gov
130 JSUAL RES DEN	ICE (Where deceased	lived, if institu	tian: Residence b	efore 13c Cl	TY OR TOWN	13d. INS+DE €ITY		13e. STREET AND NUMBER			
JAN TEMPO	nd	Prince	George !	s Riv	rerdale	YES 🔲 !	NO 🗌	6319 61st.	Aven	ue	
14. FATHER'S NAME	First	Middle		Lost	15. MOTHER'S	MAIDEN NAME		Middle	e	lo	ost
	Samuel	Gibson					-	Catherine B	Warne	E	
	VER IN U.S. ARMED FO		16b. SOCIAL SECUI	RITY NO.	17. INFORMANT			ADDRESS			
(Yes, no, or unknav	Wff) (If yes give wo	r or dates of service)	578 05	3731A	L. M	ay Gibs	son	"iverdale	e, Md.		
18. CAUSE OF	F DEATH (Enter only	one cause per li	ne far (a), (b), an	nd (c).)						APPRDX MA	TE INTERVAL ET AND DEATH
	DEATH WAS CAUSED	CAUSE (a) Ce	rebro v	ascula	r occlus	sion				BUTTELS ON ST	IT MIND DEATH
1	7 Immediati	DUE TO, OR	AS A CONSEQUEN	CE OF Ger	neralized	arter	iosc	clerosis		over 3	yrs.
	ony, which gave	(L)									
	diate couse (a), (nderlying couse (DUE TO, OR	AS A CONSEQUEN	ICE OF							
lost	Indentifing coose	1.									
PART 2. OTHER	SIGNIFICANT CONDIT	ONS CONTRIBUTE	NG TO DEATH BUT	T NOT RELATE	D TO THE TERMINA	AL DISEASE OR	CONDITIO	ON GIVEN IN PART 1(a)			
3011		UND CONTINUOUS	10 10 024111 00	I WOI KEENIE	O TO THE TERMINA	it Dijerji ok	COMPINE	ON ONER IN TAKE I(U)			
190, DATE OF C			19b. CONDITION I	FOR WHICH C	PERATION					20. AUTOPS	SY?
2			WAS PERFOR							YES	
190. DATE OF C	CAUSE WAS	21b. TIME OF	INJURY Month, Do	v Year	Taic HOW INTERN	OCCURRED (F	nter natu	re of injury in Port 1 or P	ort 2 Item	_	1 10 (2)
	R CONTRIBUTING	HOUR A.	M.		210. 11041 11301	OCCORNED (E)	11101	no or injury in corr i or i	OH Z, HeIII	10.7	
PRIMARY OF DEAT		P/	A home, form, str	19	21f, LOCATION ST	mat at D E D No		City or Town		ounty	State
WHILE AT WORK		ry, office building	g, etc)	1661,	ZII, LOCKHON 3II	eci oi ki o. no	J.	City of Town		συπγ	Sinit
		4	1	21 1 -1	1. 2.1					1.1	
	certify that I tag							1 1	iry [_],	and in r	my opinia
deoth re	esulted fram:	ryarurai caus	gs 🔀/) Acc	ident [_],	_	'		_	anner []		
ACTUAL	h	And N	V	1		CHIEF MEDICAL				of Co.	
SIGNATURE_	110	W/	1110	7		ASSISTANT MED			b. DATE SIGN	NEU .O=29=(60
EXAMINER'S NAME (Type)	Last man	100	Diameter	. רבב		DEPUTY MEDICA		INER [23] Diwin, or county)		.U-27-0	50
	POINT HOL			dale,							10
23a BUR.AL, CREMA REMOVAL (Spec Buria)	(TIQN, 23b. D]		RY OR TREMATOR			LOCATION (City or Town)		.,	(Stote)
24 FUNERAL DIRECT		31, 190		rge Wa	ashingto			yattsville			Md.
24 FUNERAL BIRECT	F. Gasch	's Sons	Hyatts	ville	, Md.	2So REC	NUN	1		A D	

VR A15ME (5) 1DM REV, 1/68

5 may be retoined for your files.

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Tand 2 with the State Departm

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's OK

necessory, pleose execute the certificote, writing the word "pending" in pencil in Iten

DICAL EXAMINER:

TO DEPUTY

This certificate should be executed within 24 had

Health prior to burial, cremation, or removal and in any event within 72 hours after death.



14870

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14879

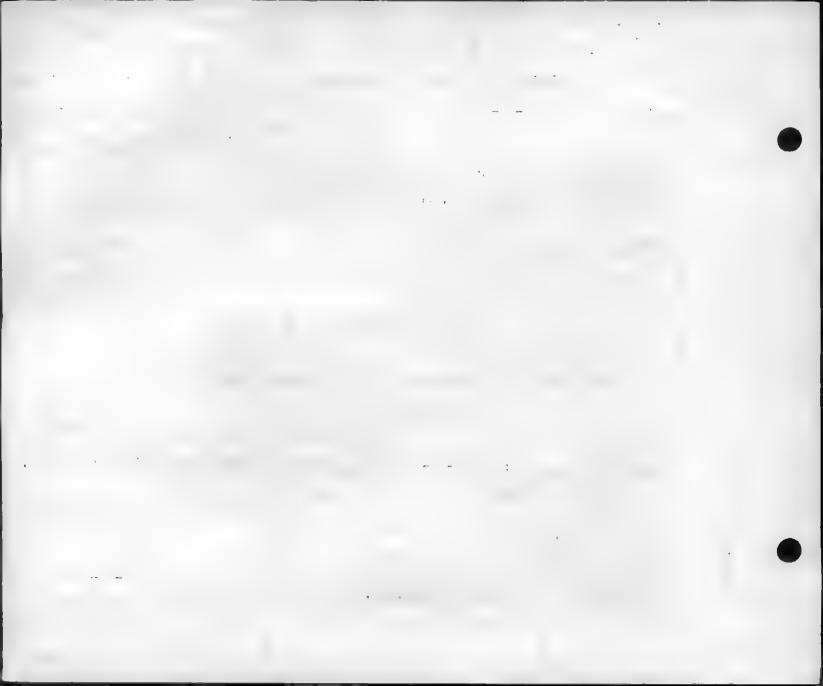
I DECEASED NAME	First		Middle		Last		2a. DATE KNOWN	Month	Day	Yeor	2b HOUR
(Type ar Print)	Darl	ene	Μ.	Goldsh	orough		OF ESTI	_	27-68	19/. •	15am
3. SEX	4 RACE	S DATE OF BIRTH		(In years IF UNDE	R 1 YEAR F JNDE	ER 24 HRS.	2c DATE PRONOUNG		01.00	1 000	2d HOUR
Female	White	4-11-1964	4 4	YRS MONTHS	DAYS HOURS	Min	Month 10	27	680	194:1	5am
70 BIRTHPLACE (St	ate or fore gn 71	b. C TIZEN OF WHAT CO	OUNTRY? 8	MARRIED []	EVER MARRIED	9 COU	NTY OF DEATH				
country) Marc	uland	26. S.L	2.	W-DOWED [DIVORCED [Pr	ince Geor	ge 's			M
10. CITY OR TOWN	OF DEATH		F HOSPITAL OR INS	STITUTION (If nat in		USUAL OC	CUPATION (Kind of	wark done		OF BUSII	NESS OR
Cheverl		give street	ce George	Hospita	1	ng mast at	f warking life, even	if ref red.)		me	
		d lived, if institution:	Residence before	13c CITY OR TOWN	tad INSIDE CIT		13e STREET AND NU				
Maryhan	id	Prince Ge	orge's	Seat Plea	sant YES	NO 🗌	708 Gre	ig St	reet		
14. FATHER'S NAME	First	Middle	Last	15 MOTH	IER'S MAIDEN NAM	E First	1	Midd e		Lost	
loses	k L	· Solds	borough	- 20	illie	2	1.	26m	L9-27 A	1.5/	
	EVER IN U.S. ARMED FO		SOCIAL SECURITY NO). 17 INFORM	ANT	1.4	ADDI	RESS	1	1.7	40
(Yes, no or unknown	GWII) (If yes give w	or or dates of service)	2m	losia	LZ. Lo	lasto	owneh 46	08-Les	in a	tol.	And was
18 CAUSE (OF DEATH (Enter only	one cause per line far	(a), (b), and (c).)	01			J			PROXIMATE I	
PART I.	DEATH WAS CAUSED	BY: E CAUSE (a) Sept	icemia				•				
700	V III WIN		CONSEQUENCE OF	Pseudomo	nas infe	ctio	n	4			
	fany, which gave		om burns								
	ediate cause (a) { underlying couse {	DUE TO, OR AS A									
last.	}	(a)									
PART 2 OTHE	R SIGNIFICANT CONDIT	IONS CONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE TE	MINAL DISEASE OF	R CONDITIO	N GIVEN IN PART 1(c	3)	-		
= 9/66											
190 DATE OF	OPERATION		CONDITION FOR WE	HICH OPERATION					20	AUTOPSY'	?
			WAS PERFORMED?							YES 😿	NO 🗌
		216. TIME OF INJUR HOJR A M.	Y Month, Doy, Year	21c. HOW I	UURY OCCURRED (Enter notur	re of injury in Part	or Part 2, I	Item 18)		
PRIMARY X CAUSE OF DE 21d INJURY C	OR CONTRIBUTING [12:350m	9-23- 196	8 Burne	d when c	lothi	ing caught	fire	from	n sto	ove.
	OCCURRED 21e PL	ACE OF INJURY (At honory, office building, etc.	ne, farm, street,		N Street or R F D. N		City or Town		County		Stote
AT WORK	AT WORK	Home	.1	san	e as #13	3					
22g.	I certify that I to	ak charge of the re	mains describe				pectian 🔀	Inquiry [, and	d in my	y apınıar
	resulted fram.	Natural causes		_			Undetermined	d monner			
		// X			CHIEF MEDICA	AL EXAMINE	_				
ACTUAL SIGNATURE	150	RN 1)	en		n ASSISTANT ME			22b DATE	ESIGNED		
EXAMINER'S	/ //	1 -			DEPUTY MEDI	CAL EXAMI	NER 🕞	_10	-28-6	8	
NAME (Type		oe MD Ri	verdale.	Md.	ADDRESS(Stre	et, city, to	wn, or county)				
230 BURIAL CREW	MATION 236 I		23c. NAME OF C	EMETERY OR CREM	TORY	23d	LOCATION (City or T	owr)	(County)	(St	ate)
REMOVAL (SP	ecity)	10-30-68	Wash	into M	sternal	2	Le Hand	1 /1	anylo	and	
24 FUNERAL DIRE	CTOR	1	ADDRES	8	250 REC	CD BY REG		REGISTRAR S			
20. w	Chambe	no lo. 51	7-11= 4	ed-dic.	DATE	VUV	6 1968	Clia	relan	Cocal	42

VR A15ME (5) 10M REV 1/68

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5 may be retained far yaur

TO DEPUTY



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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<u> </u>	下記の17		CLIVIIIICA	IL OI DEATH				
	ECEASED-NAME First	Middle		Last	2o. DATE (2b. HOUR
(Type or print) CHAI	CLOTTE A.	/	SORMAW	10c	7 Month 5 Day	1968	2P.
3. S	EX	4 RACE	S.	DATE OF BIRTH		6. AGE (In years	F JNDER 1 YEAR	IF UNDER 24 HRS
	TEMALE	WHITE		Jeb 8,	1435	last birthdoy) 33 YRS.	MONTHS DAYS	HOURS M.N
70	BIRTHPLACE (State or foreign 75	o. CITIZEN OF WHAT COUNTRY?	8 MARRIED X	NEVER MARRIED	9. COUNTY (
[J	TASHINGTON, DC	0.5	WIDOWED 🗌	DIVDRCED		17111	FORG	()
10	CHEUERLY	11 NAME OF HOSPITAL OR IN: give street oddress) PNI	VCE GEC	acre during m	AE OCCUPATIO ost of work,r DUSE W	ON (Kind of work done in ite, even if retired.)	126. KIND OF I INDUSTRY	BUSINESS OR
		lived, if institution. Residence befare	Bou		-	STREET AND NUMBER	DERBI	200K
14.	FATHER'S NAME First	Mrddle Last	15. A	OTHER'S MAIDEN NAME F		Middle		Lost
	HOWAR	D STODGHII	L_	DAISI	1 -	EELEY		
	. WAS DECEASED EVER IN U.S. ARMED (es, no, or unknown) († yes geve wor o		NO. 17 INFO	RERT J. GO	RMAI	Y SAME	AST	13
	IB. CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and (c)) ,					MATE INTERVAL NSET AND DEATH
	PART I. DEATH WAS CAUSED B		STATIC	CARCIN	VOMA			TOTAL DESIGNATION
	10 K 1	DUE TO, OR AS A CONSEQUENCE OF						
	(and trans, if ony, which gove)	IN LUNI	a CA	RCINOMA	2		1/1/	EAR
	rise to immediate couse (o),	DUE TO, OR AS A CONSEQUENCE OF		11/0/10/12/			1	-141
	stoting the underlying couse	(c)						
	PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO T	HE TERMINAL DISEASE OF	ONDITION OF	VEN IN PART 1(a)		
2		NET	OT RECOILS TO T	TE TERMINE DISEASE ON	OHDITION OF	th in that i(u)		
47.0	19a. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS PE	RFORMED	20o AUTOPSY?	20b.	IF YES, WERE FINDINGS CO	ONSIDERED IN CE	RTIFYING
CERTIFICAT, ON	DCT 1967 C	ARCINOMA L	UNG.	YES NO	CAUS	SES OF DEATH?		
	21a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		INJURY OCCURRED (Ente	r noture of in	jury in Port 1 ar Part 2, 1	tem 1B.)	
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH OF either, notify medical examiner	HOUR A.M. Month Doy Year P.M.						
ME	214 INDIED OCCURRED 214 DI	ACE OF INJURY (AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC.		TION Street or R.F.D. No	. (1	ty ar Tawn	Caunty	State
	While Not while of work	COPPLE BUILDING, ETC.	1					
	22a. I certify that (I) (this	hespital) attended the decease	ed from	EPT , 19_	67, ta_	OCT 5 , 19	68 , that	(1) (we) ta
	saw the deceased aliv	e an OCT 3	19 <u>65</u> , and t	hat in (my) (our) api	inian death	accurred an the da	te and havr r	and from th
		I) (we) (did) (did nat) view the	bady after de	ath.				
	22b. SIGNATURE Monnan	v K Bohrer 1	DEGREE	ATTENDING M	MED.	CYAFE	DATE SIGNED	1968
	22d. PHYSICIAN'S NAME (Type) NORMA	N K. ROHRER	Mb.	22e ADDRESS BOWIE	A.M.	RYLAND		
230	BURIAL, CREMATION, 236 DAT		CEMETERY OR CR		23d LOCA	TION (City or Town)	(County)	(State)
1	REMOVAL (Spenify)	8-1965 GATE	4-HBA	LEN CEM	WHE	ATON, MI	HKATY	· k /)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within the state death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certifical Page 4 may be retained by the hospital or ottending physicion.

ate he executed within 24 hours ofter death.

FUNERAL DIRECTOR

23c OATF-

14880

REC'D BY REGISTRAR OCT 8 ADDRESS VERDAL 250. 25b. REGISTRAR'S 1968



FUNERAL DIRECTOR: Page the tuneral

may Health

0

VR A15ME (5. 10M REV 1761

Homicide CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

22b. DATE SIGNED 10-24-68

BURIAL, CREMATION REMOVAL (Specifi

ACTUAL

SIGNATURE

EXAMINER'S

NAME (Type)

John

23c. NAME OF CEMETERY OR CREMATORY

Md.

Riverdale.

23d LOCATION (City or Town)

ADDRESS(Street, city, town or county)

24. EUNERAL DIRECTOR

Kehoe

250 REC D BY REG STRAR 25b REG STRAR S SIGNATUR

(State)



14873

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

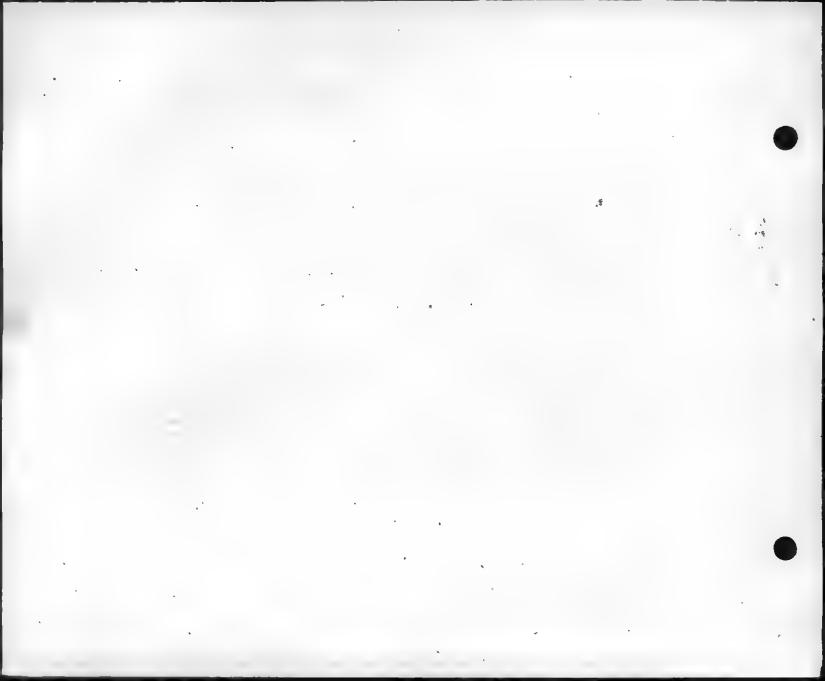
14882

-1		CEASED-NAME First	Middle		Last) i	2a. DATE OF DEATH		2b HOUR
_	(T)	ype or print) there	SAI PI	Carif	fith	Manth	201 Year	730 M
- }	3. SE		4 RACE	S D/	ATE OF BIRTH	6 AGE (in years	77 P	IF UNDER 24 HRS.
	0. 00.	r-	6	do		lost birthday)	MONTHS DAYS	HOURS MIN.
		remale,	Negro		-22-188		YRS.	
	/a. B		CITIZEN OF WHAT COUNTRY?		CAEK WWKKIED	COUNTY OF DEATH	J	
	B	altimore, Mail	U.S.A.	WIDOWED 🔀	DIVORCED	Krince Go	orges	Md
	10 CI	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	NSTITUTION (If not in h	ospitol 12a USUAL	OCCUPATION (Kind of work d	one 12b KIND OF	BUSINESS OR
	7	lpher Mar bo	give street oddress) _	-	during mas	t af working life, even if retire	ed.) INDUSTRY	
	13a	JALAK RESIDENCE (Where deceased in	ived, if institution Residence before	13c, CITY OR TOW			R	
1		ssion) STATE	136 COUNTY Pr. Geo.	Doper M	YES NO	1 Bay 32	.50	
7	14 F	ATHER'S NAME First	Middle Lost	Is MO	THER'S MAJDEN NAME Fire	it Middl	e	Lost
			0.12	<	and En			
	14.	WAS DECEASED EVER IN U.S. ARMED	FORCES? 166 SOCIAL SECURITY	NO. 17 INFOR	urun Fer	QUSON Addre	**	
		es, no, of unknown) (If yes give war or		7/1	1 C. CC. L	Addre		
				(1/20)	4. (grittil)	n - Jame	14 - 24 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	MATE INTERVAL
		18. CAUSE OF DEATH (Enter only of		1) 1	2 0 /-	ſ		DISET AND DEATH
		PART 1. DEATH WAS CAUSED BY		andial	Du Va	cym		
		4109	DUE TO, OR AS A CONSEQUENCE OF	Fe (A	, , , , ,	4		4
		Conditions, if any, which gave)	all the state of the	Va - 12 1/2	An refree	Oc. NVBOR	1 5	not the
		rise to immediate couse (a), (DUE TO, OR AS A CONSEQUENCE OF		MILLO ASILL			
		stating the underlying couse	1-1					
			IONS CONTRIBUTING TO DEATH BUT	MOT DELATED TO THE	TERMINAL DISTAST OR CO.	MOITION CIVEN IN PART I(-)		
		11.	ONS COMIKIDOTINO TO DENTE BOT	NOT KELATED TO THE	TERMINAL DISEASE OF CO	MULTION OFFER IN TAKE 1(d)		
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	CERTIFICATION	190 DATE OF OPERATION 19b. CON	DITION FOR WHICH OPERATION WAS P	ERFORMED 2	20a. AUTOPSY?	20b. IF YES, WERE FINDIT CAUSES OF DEATH?	402 CONZIDERED IN C	EKIIFTING
* _	RTIFI				AEZ NO 🔯			
		210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		IJURY OCCURRED (Efiter i	nature of injury in Port 1 or Pa	rt 2, Item 18.)	
	WEDICAL	OR CONTR BUTING CAUSE OF DEATH (If either, notify medical examiner)	HOUR A.M., Manth Day Yea P.M.	19				
	MEI	21d. INJURY OCCURRED 21s. PLA	CE OF INTERY / AT HOME, FARM, STREET, F	ACTORY. 1 21f. LOCATIO	ON Street or R.F.D. No.	City or Town	County	State
		While Not while at wark at wark	OFFICE BUILDING, ETC.	<u>'</u>				
		22a. I certify that (I) (this h	accital) attended the decoa	end from	on , 196	3 to (00%.	, 1968 , that	(I) (we) last
		saw the deceased alive	an displication of the cortect			ian death accurred on th	e date and hour	and from the
		causes stated abave, (I) (we) (did) (did nat) view the	bady after deatl	h. ///			
		22b. SIGNATURE	(1/)	11	IZTENDINA . ME		22c DATE SIGNED	
		1/1/2/16	Hy hours	DEGREE	ATTENDING ME DIR	D. STAFF	10/26	168
		22d PHYSICIAN'S	W		22e. ADDRESS	1 1 1	1/2 11	m 1
1		NAME (Type) A. C.	irk Holmes 1	n.D.	14806 Pratt	Street Uppar	Marlbon	20119
	230	BURIAL, CREMATION, 23b. DATE	23c. NAME O	F CEMETERY OR CREN	MATORY	23d LOCATION (City at Tawn)	(Caunty)	(State)
X	_l	REMOVAL (Specify)	30-68 mt 1	remol 14	Com.	Tipper Mark	Tiens P. G.	willd.
3/	24	FUNERAL DIRECTOR	ADDRES	S	2So. REC'D BY		RAR'S SIGNATURE	2-77-01
8	2 4.	Ma. T.06 /1		1100 M	DATE NOV		Marla In	des
-	1	THURSELD IN	LECTION LEGELS	CHCC, 116	CI - DAIE	T IOAN		

certificate be executed within 24 hours that

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dear Page 4 may be retained by the haspital or attending physician.

ID FUNINAL DIRECTOR! After this certificate has b≡en sig≡e≡ by the attending physician and campletely filled in by the figure director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers Pages Achd 2 shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. 30M REV. 1/6



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14874 CERTIFICATE OF DEATH 14883 1. DECEASED NAME First Middle Last 2a, DATE OF DEATH 2b. HOUR ages 1 and 2 Age after death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. (Type or print) Manth completely filled in by the funeral IF UNDER I YEAR IF UNDER 24 HRS. 3. SEX 4 RACE 6. AGE (In years last birthday) HOURS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) DIVORCED [ince WIDOWED-11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10 CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work dane Buy 51mg ho reduring mast of working life, even if retired.) give street address) HOME Jaromock P 13d INSIDE CITY EIM TS? 13e STREET AND NUMBER 13c CITY OR TOWN 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before physician and completion please remaye con Marlow Hts. admission) STATE 13b COUNTY YES X NO 14 FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First First Middle Last Last WALTER BROWNLEE UNKNOWN 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO Laura Comerford, same as (Daughter) Yes, na mknawn) (If yes give war or dates of service) UNKNOWN signed by the attending pleasured transit permit. There burial, cremation, ar remay APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c).) PART i. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave] rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF by the haspital ar attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior tal O FUNERAL DIRECTOR: After this certificate has been 19n DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗍 NO 🗔 far use of Health 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A M. Manth Day Year (If either, natify medical examiner) P.M detached 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No 21d. INJURY OCCURRED City or Town County State While Nat while at wark ATTENDING , that (I) (we) last 220. I certify that (I) (this-hospital) attended the deceased from. and that in (my) (our) opinion death occurred on the date and haur and from the saw the deceased alive on. Page 4 may be retained couses stoted above, (1) (we) (did) (did not) view the body after deoth. 22c DATE SIGNED 22b SIGNATURE ATTENDING PHYS STAFF PHYS DIRECTOR PAYSICIAN'S BAME (Type) 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY PECKVILLE, PENNA 23a BUR AL, CREMATION, 23b DATE (County) (State) REMOVAL (Specify) 10-25-68 UNION CEMETERY RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE Funeral Homeaddress 24 FUNERAL DIRECTOR Willhelm

4308 Suitland Rd. SE. Suitland, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

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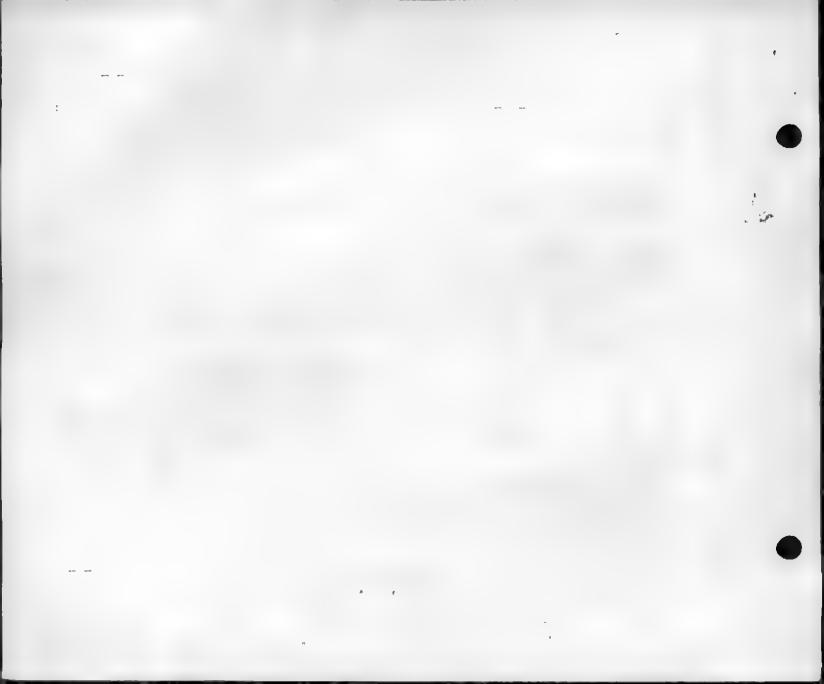
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14884 DECEASED NAME Middle Last 20. DATE KNOWN (Type or Print) 0F ESTIdelay is and 3 to Walter DEATH MATED X 10-3-68 Haight F UNDER YEAR IF UNDER 24 HRS 4. RACE 6 AGE (In years 2c DATE PRONQUINCED DEAD S DATE OF BIRTH puo lest birthday) **HOURS** MIN. 68 19 5:17am M 69 Male White 4-11-1899 70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Washington D.C. DIVORCED [WIDOWED [Pages Prince George's State with 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 176 K ND OF BUS NESS OR 24 haurs after death during most of working life, even if retired) Sportswriter INDUSTRY give street address) Prince George Hospital e Save Cheverly Newspapers 130 LSLAL RESIDENCE (Where deceased I ved, it institution has dence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 2009 Osborno Drive Silver Spring YES NO offer in frem and 14. FATHER'S NAME Last 15 MOTHER'S MAIDEN NAME First Middle Lost Off Joe Haicht Phoebe Smeeden haurs pages pencil 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be executed within (Yes, no ar unknown) (If you give your andales of service) Florence E. Haight, Vife, same E ⊑ APPROXIMATE INTERVA. within CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY pending IMM(DIATE (AUSE (a) Coronary artery occlusion DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease Conditions, if any, which gave rise to immediate cause (a), writing the word This certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removal, CERTIFICATION 19a, DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES T þe Ē 21g. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 216 TIME OF INJURY Month, Day, Year 3 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, form, street, 211 OCATION Street or R.F.D. No. City or Town County factory, affice building, etc.) WHILE NOT WHILE AT WORK burial, 22a. I certify that I took charge of the remains described above, held on Autopsy | FUNERAL DIRECTOR: Inspection , Inquiry and in my opinion Natural couses 💹 death resulted from: Accident Suicide [Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 226 DATE SIGNED funeral ASSISTANT MEDICAL EXAMINER SIGNATURE 10-3-68 DEPUTY MEDICAL EXAMINER X 5 may 10 FUNE Health **EXAMINER'S** Riverdale. Md. NAME (Type) John Kehoe MD ADDRESS(Street, city, tawn, or county) 23a BURIAL CREMATION. 23b DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (Stote) REMOVAL (Specify) Burial 10-7-1968 Parklawn Cemetery Rockville, MOntgomery, Md. 24 JUSE Phi Gavler's SONS. Inc., 5130 Wisc. Ave. 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE OCT 1968 VR A15ME [5] Waskington. D.C. 20016

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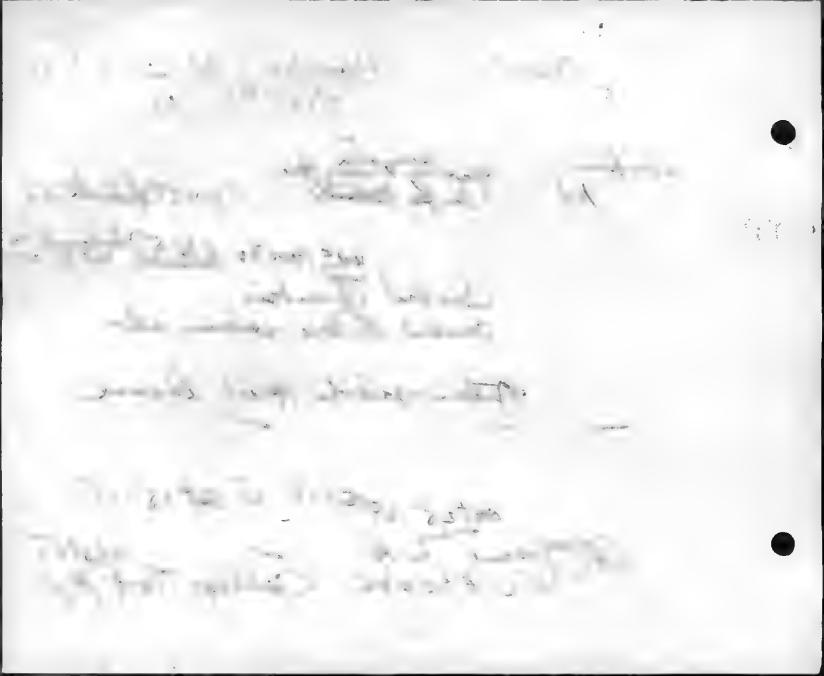
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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ter s:1 ffer	3 51		4. RACE		S DATE OF BIRT	TH	6. AGE (In yea last birthday)	rs IF UNCER I YEAR MONTHS DAYS	IF UNDER 24 HRS
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독물 등 ³ 숙 ∨	CERTIFICATION				YES	NO 🗌	CAUSES OF DEATH?		
IAN: That and are at ficate the far use Health		21a. ACCIDENT WAS UNDERLYIN			IOW INJURY OCCU	RRED (Enter natu	re of injury in Part 1 or F	Port 2, Item IB.)	
Pier de la company de la compa	MEDICAL	OR CONTRIBUTING CAUSE OF GEAT	ner) P.M.	19					
G PHYSICIAN the haspital of this certifical detached far te Dept. of He	W	21d. INJURY OCCURRED 21e. While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.	FACTORY) 21f. L	OCATION Street	or R.F.D. Na.	City ar Town	County	Stote
by the fifter state of State		22a. I certify that (I) (th	is haspital) attended the dece	ased fram A	13.1124		to 11 -15	, 19 <u>Ged</u> , that	(!) (we) la
₩ P P P		saw the deceased a	live an (O) (did nat) view to	_19 <i>6-1</i> , an	id that in (my)) (aur) apinian	death accurred an t	he date and haur	and from th
ATTE staine CTOR: shaul ith th		22b. SIGNATURE	(i) (we) (ala) (ala liai) view ii	le budy unter				22c. DATE SIGNED	
DIRECTOR SPECE OF SPE		Showard	- + CALLANDE	DEG	REE PHYS	MED.	OR STAFF		
AL L		22d. PHYSICIAN'S NAME (Type)	HOMAS F CO	KLIN S	22e. ADDRE	257- 1	HINKL	, manag	
O HOSPII Page 4 m O FUNER, director, shauld b	230	BURIAL, CREMATION, 23b. I REMOVAL (Spec 54)	DATE 23c NAME 1-8-68 Hel	OF CEMETERY OR	. 8/-	+1/ 23d	OCATION (City or Town	(County)	(Store)
	<u>2</u> 4	FUNERAL DIRECTOR	-8-68 FTEL	INGTOR		So. REC'D BY REG	ISTRAR 25 REGIS	TRAR'S SIGNATURE	Vac.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL PECOPOS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

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	1487	6	MEDIC	AL EXAM	INER'S C	ERTIFICATE	OF DEATH	1			1488	7
	ECEASED NAME	First		Middle	2	Lost			KNOWN	Month	Doy Yeor	2b #0U
'	Type or Print)	Davi	à	R		Harris	Sr.	OF DEATH	MATED SE	10-	21-68 191]	L: 00a
3. \$	EX	4. RACE	S. DATE OF BIR	1902	6 AGE (in years last birthday)	F JNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIR		PRONOUNCED	DEAD		2d HOd
	Male	White	10-15-	1903	262566 YRS		MODES PAIN	10	1	21	68,12	:15pm
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	Chever	ا عد	give :	ince Ge	roe Ho	snital	during most	of working l	ife, even if t	etired)	INDL STRY	
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14. 1	ATHER'S NAME	First	M ddle		Lost	IS MOTHERS MA			Mid	dle	Los	ıt
		Joseph	Harris	3			Del	la H	enry			
160	WAS DECEASED F	VER IN L S. ARMED F		16b SOCIAL SECU		7 INFORMANT			ADDRES	S		
(,	es no or unkno	WIT) (If yes give v	war or dates of service)	224-12	-9528	David	R. Har	ris .	Jr. (abo'	ve ad 'r	ess)
	18 CAUSE O	F DEATH (Enter onl	v one couse per la	ne for (o), (b), or	nd (c))				(Jon		APPROXIMATE BETWEEN ONSET	E INTERVAL
	PART I					יסמלורד לפ	nary embo	n] i			SCIVILEY ONSE	AND DEATH
	400			AS A CONSEQUEN		Jan P October	2000					
		ony, which gove)										
		diate couse (a), (nderlying couse ((b) DUE TO, OR	AS A CONSEQUEN	ICE OF							
	last.)	(4)									
	PART 2 OTHER	SIGNIFICANT CONDI	TIONS CONTRIBUT	ING TO DEATH BU	T NOT RELATED	TO THE TERMINAL	DISEASE OR CONDIT	ION GIVEN II	PART 1(o)			
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CERTIFICATION	190 DATE OF	OPERATION		19b. CONDITION		ERATION					20 AUTOPS	¥?
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	21a. EXTERNA.			IN.URY Month, Do	y, Year	THE HOW INJURY O	OCCURRED (Enter no	ture of injury	ın Port 1 o	Port 2, 1	tem 1B.)	
MEDICAL	PRIMARY C CAUSE OF DEA	or contributing [Th	HOUR A.		19							
MED	21d INJURY OF	CURRED 21e F	LACE OF INJURY (reet,	21f LOCATION Stree	et ar R F D. No	City	or Town		County	Store
	AT WORK	AT WORK	tory, office buildin	g, etc.)								
			ook charge of t	he remoins de	scribed abay	e held an Aut	topsy 🔀 ,	nspection	Inc	uiry [, and in m	ıv op'n.c
		esulted from:	- /	*	ident .	Suicide .			termined r	. , ,		,
				T. T. 1			HIEF MEDICAL EXAM					
	ACTUAL		tolle	1/4 .	Kny		SSISTANT MEDICAL E	-	7	22b. DATE	SIGNED	
	SIGNATURE _		7	 	1./	-111.5	EPUTY MEDICAL EXAL		~	1	0-22-68	
	EXAMINER'S NAME (Type)	John K	hoe MD	River	dale, M		DDRESS(Street, city,		nty)			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
230	BURIAL, CREMA	TIDN / 23b/	DATE			OR CREMATORY	23	d. LDCATION	(City or Tow	m)	(County) (S	Stote)
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24,	FUNERAL DIRECT	RMalle	y's Fur	neral ,	ADDRESS L	rainie	1 30 RECD BY R	REGISTRAR	2Sb REI	GISTRAR S	S GNATURE	
1	fOuro T			-11	, u		DATE LE 2	8 196	10	Clar	les judg	e.
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5 may be retained for your files.

**O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State

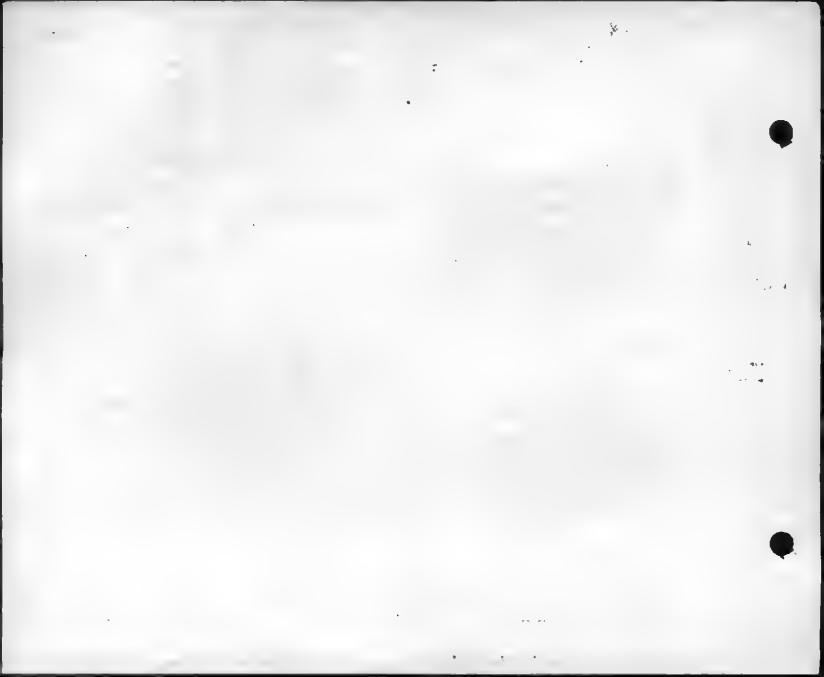
DICAL EXAMINER: This certificate shauld be executed within

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necessary, please execute the certificate, writing the word "pending" in pen the funeral director. Page 4 shauld be farwarded to the Chief Medical Exam Health prior to burial, cremation, ar remayal, and in any event within 72 haurs after death.



	Z t	em 13 Film 406 10-30-68 MARYLAND STATE DEPARTMENT OF HEALTH	
1 2	-	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	Т	14879 CERTIFICATE OF DEATH 14888	
- 84	1	ECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR	<u> </u>
nours affer death. by the funeral Pages I and 2 paurs affer death.	П	Type or print) MARGUETITE HAZAPIS Manth Day Year 115	M
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2 6 6	16	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR	Md.
A Line		Forestville give street address) Regent Nursing forme during mass of the even if retired INDUSTRY Home	
omplet ve car event,		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c strong 13d inside city limits? 13d inside city lim	
eath certificate be exe- ending paysicion and a nit. Then prease remo or remayal, and in any	/ 14	FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost Earnest F. Weed Lizzi Sawyer	
a a gan	16	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Address	_
en preuse aval, and		Yes, Neppr unknown) (11 yes give wor or dolles of service) Unknown Thomas Hazapis, Son Honolulu, Hawaii (USN)	
affective of a death cert		18. CAUSE OF DEATH (Enter only one couse per sine for (o), (b), and (f).) APPROXIMATE INTERVAL BETWEEN CHIEF AND DEATH	
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PHYSICIA ne haspital his certific etached fo Dept. af H	in the second	2.d. NJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State	
this this details the control of the	н	et wark at wark	
ENDING ted by R: After old be the Stat		22a. I certify that (I) (this haspital) attended the deceased from	ast he
OR ATTENI be retained DIRECTOR: # je 3 shauld ed with the		226 SIGNATURE STAFE 221 DATE SIGNED STAFE 221 DATE SIGNED	
	2	220 PHYSICIAN S 22e ADDRESS 22e ADDRESS 22e ADDRESS	_
프로 뜻 목욕	<u></u>	NAME (Type) X E L V / N C- / / / / / CHYN C 4 De transbaro (fig.)	
TO HOSPI Page 4 n TO FUNER director, should b	23	Burial (Remation, 23b Date 10-7-68 23c. Name of Cemetery or Crematory 23d Location (City or Town) 23d Location (City or	
VR A15 (4)	24	FUNERAL DIRECTOR Wilhelm Funeral Home ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
30M REV 1/68		4308 Suitland Rd. SE, Wash. D.C. DATE OCT 8 1968 (Charles Under	



deloy is ond 3 to

in Item 18. Give Pages 1, 2,

in spanci Examin

24 hours after deoth

DICAL EXAMINER: This certificate should be executed within

TO DEPUTY

necessory, please execute the certificate, writing the word "pending" the funeral director. Page 4 should be forwarded to the Chief Medical

5 may be retoined for your files.

s Office olong with form

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14889

TEGO	C/	MEDIC	<u>AL EXAMINE</u>	FK.2 C	EKTIFICA	IE OF	DEATH		٠	COUR	
1. DECEASED NAME	First		Middle		La	st		20. DATE KNOWN	Month (Day Year	2b HOUR
(Type or Print)	Geor	ge	Washingt	on	Haze	l J	r.	OF ESTI DEATH MATED	10-1	4-68 196	45am
3 SEX	4 RACE	S DATE OF BIR	TH 6. A	GE (In years st birthday)	IF UNDER 1.1		JNDER 24 HRS.	2c. DATE PRONOUNCED			2d HOUR
Male	Negro	7-10-1	932 3			A13 MOL	JKS J JHIN	10th	904	68 197:	15am M
70 BIRTHPLACE (Sto		'b CITIZEN OF WH	AT COUNTRY?	8. M/	ARRIED MEVE		_	UNTY OF DEATH			
Washing	ton, D.	C. U	SA	WID	OOWED	DIVORCED	□ P:	rince Georg	e's_		Md
	erly	give s Pri	ame of Hospital or itreet address) nce Georg	е Ноз	spital	d	uring most o	(CLPATION (Kind of war of working life, even if r		125. KIND OF BUS NDUSTRY	INESS OR
130 USUAL RESIDEN	(E (Where deceose	ed fryfed, filmstitu	t on Residence befor	re 13c CIT	Y OR TOWN	13d. INSIDI	E CITY LIMITS?	13e. STREET AND NUMB			
Distr	ict of Co	olumbia	Washi	rigtor	<u>n</u>	YES	MO 🗌	725 12th.	Stre	et N.E.	
14. FATHER S NAME	First	Middle	Lost	1	15 MOTHER	MAIDEN N	AME First	Mide	dle	Los	t
George	Washin	aton H	azel, Sr		W	ilhe:	lmina	Kinard			
16a. WAS DECEASED E (Yes. no, or unkno	/ER IN U.S. ARMED FO	ORCES? var or dates of service)	16b. SOCIAL SECURITY	NO.	17. INFORMANT Georg	e Wa:	shing	tonHazel,	sr.	– fat	her
IB. CAUSE O	DEATH (Enter only	y ane cause per li	ne far (a), (b) and (c))						APPROXIMATE BETWEEN DNSE	
PART 1	DEATH WAS CAUSED	BY. F CAUSE (a) I	leart fail	ure						minute	
dig.	1	DUE TO, OR	AS A CONSEQUENCE O	F Ar	terioso	lerot	ic hea	art disease	,	over 1	yr.
	any, which gave	(b)									
	liate cause (o), (nderlying cause (AS A CONSEQUENCE O)F							
last.)	(c)									
PART 2. OTHER	SIGNIFICANT CONDIT		NG TO DEATH BUT NO	T RELATED	TO THE TERMI	AL DISEASE	OR CONDITI	ON GIVEN IN PART I(a)		1	
		2						-111111.			
190. DATE OF O	PERATION		19b CONDITION FOR	WHICH OP	ERATION					20. AUTOPS	Y?
<u> </u>			WAS PERFORMED	D?						YES 🗀	NO (X
			INJURY Month, Doy, Ye	101	21c. HOW INJU	RY OCCURRE	D (Enter nati	ure of injury in Part 1 or	Part 2, Iter		- Sauce
PRIMARY CAUSE OF DEA	IR CONTRIBUTING	HOUR A.I									
21d INJURY OF	CJRRED 21e P	LACE OF INJURY (At home, farm, street,		21f. LOCATION :	treet or R.F.	D. Na	City or Town		County	State
AT WORK		tary, affice buildin	g, etc.)	}							
		enle obneno of t	ne remains describ	hed abov	to hold an	Autonsy F	7 In	spection 🔼 , Inq	juiry 🗍,	and in m	ly opinian
	sulted fram:	_	ses 🗷 , Accide				micide 🗍		' ' '		у оринан
	A	1	, Jan.		Juillag [OKAL EXAMIN	· _	ildiline: [
ACTUAL	11_	Ma P	elas						22b. DATE SI	IGNED	
SIGNATURE _	11	rag f	, , ,	,	M. D		ED CAL EXAM		10	15-68	
EXAMINER'S NAME (Type)	John Ke	hoe MD	Riverdal	e. M	d.			own, or county)			
23a BURIAL, (REMA					Y OR CREMATO			LOCATION (City or Tow	(n) f	(Caunty) (5	stote)
REMOVAL (Spe	11/1	0/19/68			Memor:				ylan		
24 FUNERAL DIREC	. L. V A /	17.	te warder				REC D BY RE		GISTRAR S 5		
Stewart	Funera	al Home	-4001 Be		ng Rd.	NOATE	DCT	1 8 1968	Melia	rles Jus	42

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit per≡it. File pages 1 and 2 with the State Dep

Health prior to buriol, cremation, or removal, and in any event within 72 hours after death



funeral 1 and 2 death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, RAITIMORE, MARYLAND, 21201

-		FWOON	2	TITAL RECORDS,		FICATE OF		mone,	MAKI SAMU Z		1408	* * *
		ECEASED-NAME First Type or print) TATASTATAST	Herman	Middle	7.1	lusi ebron		2a. DA	TO Manth	Day	Year C	24 MOUR 5:35
	3. SE	x Male		egro	П	5. DATE OF 1		1	6. AGE (In y	rears IF	UNDER T YEAR HITHS GAYS	IF UNDER 24 HRS. HOURS M.N.
~	10. 0	Maryland	11 NA/	ed State	SWIDON	RIED NEVER MA	RRIED DRCED DISUA	Pri	TY OF DEATH Lice Ge. AT ON (Kind of wo	orges	12b KIND OF B	Md USINESS OR
6	13 c .	verdale, Marj USUAL RESIDENCE (Where decease ission) STATE ND.	d lived, if institutio	in Residence before	13c CIT	Y OR TOWN	136. INSIDE CITY LIN		iking life, even if in the street and NU 4507 R	MBER		d Ave.
1	14. F	FATHER'S NAME First	Middle	Last		IS. MOTHER'S A	AAIDEN NAME FI	rst	1	Aiddle		Last
	16a. Y	(es, na, ar unknawn) (If yes give war	or dates of service)	16b. SOCIAL SECURITY N		17. INFORMANT Floren	ce Hebr	on-4	507 Rhod	^{ddress} e Isla		
										LIRE	BETWEEN ON	ATE INTERVAL SET AND OEATH
		Canditians, if any, which gave is immediate cause (a), stating the underlying cause	(-,-	A CONSEQUENCE OF	My	OCARDI	AL L	NFA	RCTION		3 n	IKS
	NO.	PART 2. OTHER SIGNIFICANT CONE		PULNO	NAT	ey E	MOOL	15M	1		1	
1	CERTIFICATION			TH OPERATION WAS PE		YES 🖥	NO 🗆	(ZOD IF YES, WERE FI CAUSES OF DEATH?	YE	71	:TIFYING
	WEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine	HOUR A.M. P.M.	Manth Day Year					of injury in Part I a	r Part 2, Iten	n 18.)	
		at wark at wark		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.					City or Town		County	State
		22a. I certify that (I) (this sow the deceased ali causes stated abave,	hospital) otter ve an (I) i(we) (did) (nded the deceose did not) view the	ed from 9 <u>6 d</u> body al	ond that in (rater deoth.	ny) (aur) apir	&, to	o <u>/5°0</u> coth occurred ar			(1) (we) last nd from the
		22b. SIGNATURE	House	men		DEGREE PHYS	DI DEL	ED RECTOR	STAFF PHYS.		OCT	1968
			1. HOUI		M.		R		ROALE			
0		BURIAL CREMATION, PEMOVAL (Specify)	0-19-68	Chin	rch	or crematory Ceemtery			OCATION (City or To		(County)	(State)
Ä	24.	FUNERAL DIRECTOR John	T. Rhine	es Company	7 Fu	neral Ho	2Sa. REC'D BY THE DATE OC	REGISTION 1	Moydes M 1968		MATURE LAC	des.

3015 12th street, N.E., Wesh., D.C.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban page should be filed with the State Dept. of Health prior to burial, crematian, or removal, and many event, within R VR A15 (4) 30M REV 1/68



14882

yee I and 2 safter death.

within 24 hours after death.

xecuted

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be.

Page 4 may be retained by the hospital or attending physician.

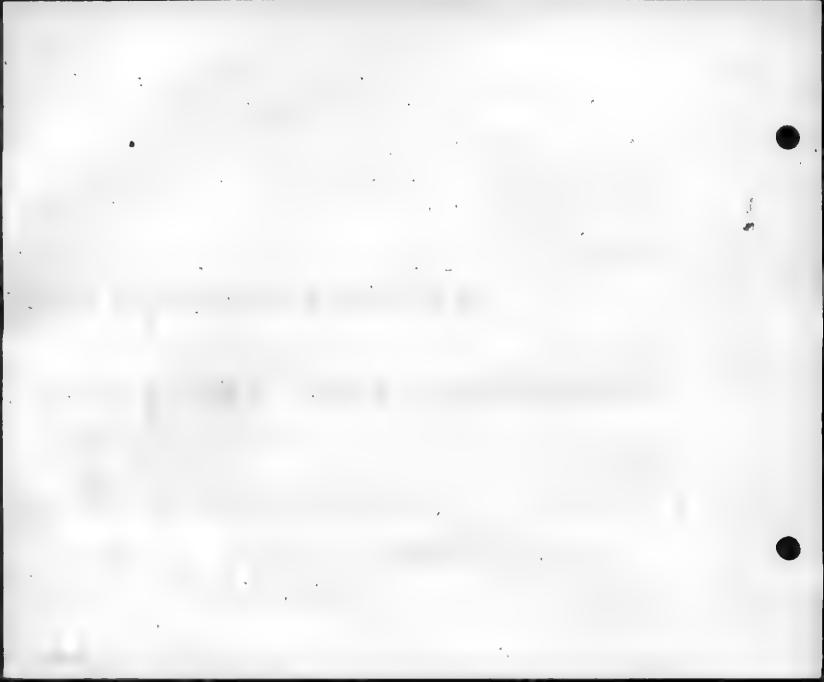
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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í	4	3	3	J.

- 1		-				.CKIIII	CAIE UF	DEATH						
		ECEASED-NAME	First		Middle		Last		2a. I	DATE OF D				2b HOUR a
	(I	(ype ar print)	Jennie	>	F.		Hipple			Oct	Manth ober	Day	1968	7:30 M
	3. SE	Х		4 RACE			S. DATE OF E	IRTH			. AGE (In years	1	IF UNDER YEAR	IF UNDER 24 HRS
		Femal	.e		White		July	20, 1	897		last birthday)	YRS M	ONTHS UAYS	HOURS MIN
		BIRTHPLACE (State or i	oreign 7	CITIZEN OF W	HAT COUNTRY?	B. MARRIE	NEVER MA	RRIED X	9. COU	INTY OF D	EATH			
		New Yor			d States	WIDOWE		RCED 🔲			Pri	168	George	e Md.
-	10. C	ITY OR TOWN OF DEA	TH		VAME OF HOSPITAL OR INS street address}	H) MOITUTIT	nat in haspital				Kind of work do		12b KIND OF INDUSTRY	BUSINESS OR
0		Hyattsvil		ľ	Sacre		rt Home			Cle	rical		114003161	
	13a admi	JSUAL RESIDENCE (WI	here deceased	lived, if institu 136 COUNTY	rtian: Residence before	13c CITY (OR TOWN	13d INSIDE CIT			ET AND NUMBER		2 200	
7	$\overline{}$	ission) STATE Mar		Prir	nce George	Lando	ver		ио[Х	331	8 Dodge		rk Roa	
Ĺ	14. F		irst og omb	Middle	Last		IS. MOTHER'S N	IAIDEN NAME	_		Middle	8	36.75	Last
	14.	WAS DECEASED EVER	oseph	FORCECO	Hipple	10 117	INFORMANT		Jane	9	Addres		McKec	n
		'es, na, ar unknawn)		or dates of service]		-		T	T	Ť T			3.6 3	
		no		rei .	068-09-35		acred h	eart	Home,	. нуа	ttsvill	е,		MATE INTERVAL
-		PART I DEATH	H (Enter aniy WAS CAUSED E	ane cause per l	line for (a), (b), and (c).	1/1	1/1/4	- 61	Par	ماسا د	Mas	0	BETWEEN O	INSET AND DEATH
		(a sound	IMMEDIATE	CAUSE (a)	2011/00	01	wi	1 /40		-			7/1	unn
		Canditians, if any, w	hich gave)	DUE TO, OR	AS A CONSEQUENCE OF									
		rise ta immediate (ouse (a),	(b)	AS A CONSEQUENCE OF							-		
		stating the underly	ing cause	(c)	AS A CONSEQUENCE OF									
		PART 2) OTHER SIGN	IFICANT CONDI	TIONS CONTRIBI	UTING TO DEATH BUT, NO	DI BELATED	TO THE TERMAN	AL DISEASE O	RECONDITION	ON GIVEN	IN PART I(1	-
	z	Com	me	Tur	ull -	Ks	onla	M.	res	JW.	20 2	L	ur.	200
	CERTIFICATION	19a DATE OF OPERATI	ON 19b. CO	NDITION FOR WI	HICH OPERATION WAS PE	RFORMED	20a. AUT	DPSY?	1		ES, WERE FINDIN	GS CON	ISIDERED IN C	ERTIFYING
2	THE						YES [-			OF DEATH?			
	1 (6)	21a ACCIDENT WAS		21b. TIME C		21c	HOW INJURY OF	CURRED (En	iter nature	af injury	in Part 1 or Par	t 2, Ite	m 1B.)	
	MEDICAL	OR CONTRIBUTING [dical examiner		19									
	W	21d INJURY OCCURS While Mat while	ED 21e. PL	ACE OF INJURY	(AT HOME, FARM, STREET, FAC	TORY.) 21f	LOCATION Stre	et ar R.F.D. I	Na	City o	r Tawn		County	State
		at wark — at work					9-12		15		1. 3		· \$	
					tended_the_decease	d frage_	ndshesin/e	, 19	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 	ta	<u>U - J</u>	19		(I) (we) last
		saw the de	ceasga anv ed apowe. I	e an(did)	(d yl not) v iew the	bady afte	no mar in (n r death.	19) (001) 0	ipinian c	Jearn ac	curred an the	3 aare	ana naur	and from the
		22b SIGNATURE		2011	Della.	In		110 #	1 Mary and and a second	-	FTACC	22c DA	TE SIGNED	6
			~w	VVC	Hun	DE	GREE PHYS		DIRECTOR	, 🗆	STAFF PHYS ,	10	-2.	Q *
		22d. PHYSICIAN'S NAME (Type)					22e AD	DRESS // /	161	Fine	RW	16	1601	112
/							12	2/0	71	luce	-			
	230	BUR AL, CREMATION, REMOVAL (Specify)	23b DA	TE /CO	23c. NAME OF			4			(City or Town)		(County)	(State)
	9.4	MA 2 CAT	110/	7/68	Mt.Ol			2Sa. REC'D			2Sb. REGISTR	AD C CI	CNATURE	
	24.	TONEINE DIKELIUK	Nalle. Home	Inc. Fu	neral ADDRE	TI ON	inier,	ZJU. KEC U	POT 4				In C.	440

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon paper should be filed with the State Dept. at Health prior ta burial, cremation, ar remayal, and in any event, within 72 VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH





2b. HOUR P 10:30 Oct 6. AGE (In years IF UNDER 1 YEAR lost birthdoy) HOURS 9 COUNTY OF DEATH Prince George's
12a USBAL OCCUPATION (Kind of work done | 12 12b. KIND OF BUSINESS OR during most of working life, even if retired) Iron Works 13e STREET AND NUMBER 7416 Allison Street Lost Minnie Dreschler Address Hvattsville, Md. Minnie O' Connor APPROX MATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) City or Town County Stote 19 (and that in (my) (aux) apinion death accurred on the date and hour and from the 22c. DATE SIGNED DIRECTOR 4410 74th Ave. Bellmead, Md. 20784 23a. BURIA., CREMATION REMOVAL (Specify) Buria 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE (County) (State) Oct 16, 1968 Cedar Hill Cemetery Suitland Pro Geo Md. 24 FUNERAL DIRECTOR **ADDRESS** 2So REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE F. Gasch's Sons Hyattsville, Md

14894

VR A15 (4)



death

be executed within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14895 CERTIFICATE OF DEATH

_									
		CEASED NAME First	Mide	A	Lost	20. DATE OF DEATH	Day	Vacr	2b HOUR
	(1)	ype ar print) LOT	TIE -	HUT	CHINGS	Oct	26	1968	2:06 PM
	3. SE	X	4. RACE	2	DATE OF BIRTH	6. AGE (In last birt)	yeors If U		JNOER 24 HRS.
		Seinell	WKell		Jeb-7.18	77 91	YRS.	Ins ONLY IN	OURS IMM,
	7o B	Amal a Care	b. CITIZEN OF WHAT COUNTRY	? 8. MARRIED	NEVER MARRIED	9 COUNTY OF DEATH	,,		
		N. Careline	4. 1.4.	WIDOWED Z		Trince K	Lierges-		Md
	10. C	ITY OR TOWN OF DEATH	11 NAME OF HOSPI	TAL OR INSTITUTION (If not		AL OCCUPATION (Kind af v ast of working) ite, even		2b KIND OF BUS	SINESS OR
- 1		adelphi	2717	Yugher Kir	4	all Home		NDUSTRY	w
	admi	USUAL RESIDENCE (Where deceased ssion) STATE The	13b. COUNTY	e before 13c CITY OR T	OWN 13d INSIDE CITY &		Hughes	Real	1
1	14. F	ATHER'S NAME First	Middle	ALost IS.	MOTHER'S MAIDEN NAME F	irst	Middle		Lost
		Therder		ute	Marie	u	Ha	re	
		WAS DECEASED EVER IN U.S. ARMED es, na, ar unknawn) (Il yes give war o		SECURITY NO. 17 INI	FORMANT	m Sheef	Address	as al	2)
	-	10. CAUCE OF DEATH (F-A			- Josephan V	11 10 100	-	APPROXIMATI	E HYTERVAL
		18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	BY. 7 71), and (c).)	tri form	+ 1. 10 x 20	1	BETWEEN ONSET	ANO OEATH
			100						
		Canditions, if any, which gave	(b) OR AS A CONSEQU	sil t					
		rise to immediate cause (o), { stating the underlying cause (DUE TO, OR AS A CONSEQU	JENCE OF					
		last Statistics	(c) Cest	erioscle.	osis			124	77.
		PART 2 OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO	THE TERMINAL DISEASE OR	ONDITION GIVEN IN PART	.(a)		
	NO	<i>t.</i>	PARTITION CONTENT	DEDES IN CERT	Irthite.				
Ų.	CERTIFICATION	19a. DATE OF OPERATION 19b. CO.		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
1	ERTI	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21, 40	Y INTURY OCCURRED FEATO	r noture of injury in Part 1	or Port 7 Item	18 \	
	MEDICAL (OR CONTRIBUTING CAUSE OF CEATH (If either, notify medical examiner)	HOUR A.M Manth Do	by Year 19			or ruit 2, item	10.7	
	WE	While Mot while M	ACE OF INJURY (AT HOME, FARM OFFICE BUILDIN	, STREET, FACTORY.) 21f. LOC G, ETC.	ATION Street or R.F.D. No	. City or Tawn	Co	ounly	State
		22a. I certify that (1) (this	haspital) attended/the	deceased from	957 19		1960	, that (I') (we) last
		saw the deceased aliv	e an 1017416	19, and	that in (my) (aur) api	inian death accurred	an the date o	ind haur an	
	į		(I) (we) (did) (did not) vi	iew the bady after de	eath. ,		22c. DATE	CICHED	
		22b. SIGNATURE OUF	mith m	DEGREE		MED. STAFF PHYS.	107	726/	68
1		22d. PHYSICIAN'S NAME (Type) A. VV	SMITH		22e. ADDRESS 13	018 GEOK	1614 1	TUE	
'				NAME OF CEMETERY OR (Brustony	23d, LOCATION (City or	Investor (<i>V</i> .	(Etata)
	ZJQ	BURIAL, CREMATION. 23b. DATE REMOVAL (Specify)	7. 29.1968 3	on Encela	Cimeler	Colmon M	Cues.	**	(State)
0	24	FUNERAL DIRECTOR	2000	ADDRESS	25d. REC'D E	Y REGISTRAR 2Sb.	REGISTRAR'S SIGN	ATURE	
79	X	sulfull walles.	. 234 -and	au alou	LP DUEC	4 5 1000 1 1/1	warren	And the	ķ

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the June of director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pagess and shauld be filed with the State Dept. af Health priar taburial, cremation, or remaval, and in any event, within 72 haurs offer deat TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical Page 4 may be retained by the haspital ar attending physician.

VR A15 4

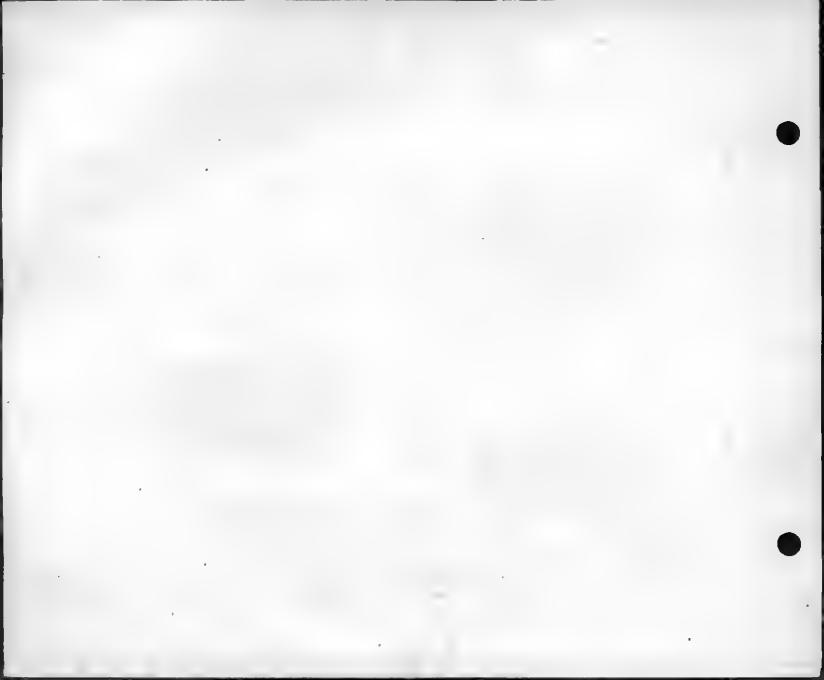


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 4896 14887 20 DATE OF DEATH DECEASED-NAME First Midd e Last 24 hours after Heath Year 68 NORA HUTTEL (Type or print) Month Oct Day A 4. RACE S. DATE OF BIRTH 6. AGE (in years F JNDER 1 YEAR Female Jan. 1888 last bjithday) DAYS 25 MONTHS HOTIRS MALE WHITE 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED the attending physician ona compressing popers. It is permit. Then please remove carbon popers. country) BUFFALO NEW WIDOWED V DIVORCED [PRINCE GEORGES COUNTY YORK 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR requires that the death certificate be executed within give street address) HOME MAKER during most of working life, even if ret red.) FORESTVILLE, MD. 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 138 INSIDE CITY LIMITS? 13e. STREET AND NUMBER D.N.E. admission) STATE 13b COUNTY 2600-QUEENS CHAPET. 1S. MOTHER'S MAIDEN NAME First AMELTA KURTZ WIT.I.TAM KURTZ 16b. SOCIAL SECURITY NO. 17 INFORMANT FORESTVILLE, MARYLAND 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If was give war or dates af service) HUTTEL (SON) 1101 SUIT ROAD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART | DEATH WAS CAUSED BY.

Card BETWEEN ONSET, AND DEATH Cardiac arrest IMMEDIATE CAUSE (a) cremation, or DUE TO, OR AS A CONSEQUENCE OF Arteriescleretic heart disease signed by the burial-transit p Conditions, if any, which gave) nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Failure of pacemaker PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b IF YES, WERF FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES -NO 🔽 O FUNERAL DIRECTOR: After this certificate 216 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) detoched 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from Sept. 1, 19.66, ta 16.0ct., 19.68, that (I) (we) last 19 68, and that in (my) (aur) apinian death accurred an the date and haur and fram the 11 Oct. saw the deceased alive an ... be retoined causes stated prove, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING director, page 3 should be filed v DIRECTOR 22d, PHYS,CIANS NAME (Type) Rhode Is. Ave. 23b. DATE 23a BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) CEDAR HILL CEMETERY SUITLAND, MARYLAND 250 REC D BY REGISTRAR OCT 18 1300 N.ST, N.W. VR A15 (#)

Francisco Marie Ma · 1 druf ljer. •L j 2 17. e e e i i



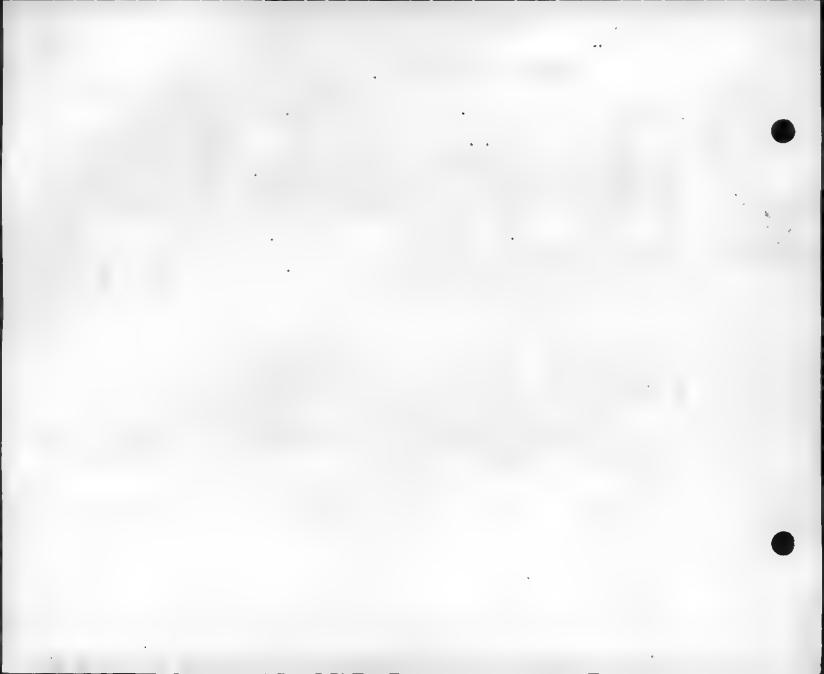
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14888 14839 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2g. DATE OF DEATH First 26. HOUR death. within 24 haurs after death and (Type or print) ORDAN 4 RACE IF LINDER 1 YEAR 3. SEX S. DATE OF BIRTH 6. AGE (In years CAUCASIAN FEMALE last birthday) 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED T NEVER MARRIED COUNTY WORTH CAROLINA DIVORCED IX WIDOWED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR PRINCE GEORGES during most of working life, even if retired.)

R. R. CAR (LEANER **INDUSTRY** CHEVERL any event, 30 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE J3b COUNTY CATON YES TO 14. FATHER S NAME Middle Middle Lost IS. MOTHER'S MAIDEN NAME First physician and UNDERWOOD MAUDE requires that the death certificate be LLEN AMES 16b SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT CHARLOTTE SHERRY 5620. WHIT FIELD CHAPEL RD Yes, na, ar unknawn) remaval, R.R. RETIREMENT signed by the attending phy 1B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF · Lascular Desa. Canditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse melle Cers PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) wier La at least De years as the prior to b Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? CAUSES OF DEATH? YES [far use of Health 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAJSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical exominer) P.M. be detached 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a I certify that (I) (this hospital) attended the deceased fram. 7 - 6 1944 1010 2 1 , 19 6 St, that (1) (we) last 19 68, and that in (my) (our) apinian death occurred an the date and hour and from the saw the deceased alive an 10 21 causes stated abave, (1) (we) (did) (did not) view the body after death. 22b_5 GNATURE 22c DATE SIGNED ATTENDING pa DIRECTOR director, page should be filed 22e. ADDRESS PHYSICIAN S 23g BUR AL CREMATION 23b. DATE FORT LINCOLN 25g. REC'D BY REGISTRAR VR A15 (4) NOV 30M REV 1768 DATE



MARYLAND STATE DEPARTMENT OF HEALTH 14890 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14899 **CERTIFICATE OF DEATH** DECEASED-NAME Middle funerol 1 ond 2 er death. 20. DATE OF DEATH 2b HOUR be executed within 24 hours after deoth. (Type or print) 4300 В. 3. SEX IF UNDER I YEAR 4. RACE S DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER 24 HRS MONTHS HOURS FEMALE CAU 15 JAN 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) KENTUCKY WIDOWED DIVORCED U.S. fronsit permit. Then please remove carbon par cremation, or removal, and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life even if retired.) PUBLIC SCHOOL GREENBELT NURSING HOME 130 USUAL RESIDENCE (Where deceased lived, if institution- Residence before 13c CITY OR TOWN 13d. INSIDE CITY JIMITS? 13e STREET AND NUMBER MARYLAND 13bPRINCE GEORGE YES V NO -GREENBELT 26 WOODLAND WAY 14. FATHER'S NAME First IS MOTHER'S MAIDEN NAME First Middle Lost Middle Lost PEEASANT **BROADDUS** B. MARY C. COCKRELL law requires that the death certificote 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, distriknown) (If yes give war or dates of service) 405-28-6609 HOWARD B. SAME AS ABOVE APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (q)2 (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any which gave) **FUNERAL DIRECTOR:** After this certificate has been signed by the irector, page 3 should be detoched for use as the burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse burial, a CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) os the l Poge 4 may be retained by the hospital or attending OM Prenery 70. DATE OF OPERATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? director, page 3 should be detoched for use should be filed with the State Dept. of Health p YES -210 ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d -NLHRY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY,) 214. LOCATION State City or Town County White Not while at work 22a I certify that (I) (this hospital) attended the deceased from saw the deceased alive on A god that in (my) (dur) opinian death occurred on the date and hour and from the (auses stated opave, (1) (we) (did) (did not) yiew the body after death. 22b SIGNATI 22c. DATE SIGNED DIRECTOR 22d. PHYSICIÁN'S 22e. ADDRESS NAME (Type) 23g. BURIAL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) 0 10/16/68 HILLCREST MEMORIAL PARK 24 FUNERAL DIRECTOR 2Sa REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATUR VR A15 [4] F. GASCH'S SONS DATE OCT 30M REV. 1/68 HYATTSVILLE, MARYLAND



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14900

	T 2000	^			CERTIF	ICATE OF DEATH						
I. DECEASED-NAME First (Type or print)		East		Middle		Lost	20. D	ATE OF DEATH	al D		2b. HOUR	
- (Type or print)	Ва	by	Girl		Keenan	00	Oct. Month 22		1968°	9:10PM	
3. SE	X		4 RACE			S. DATE OF BIRTH		6. AGE	(In years irthdoy)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN	
	Female		Cauc	asian		Oct. 22, 1	968	1031 6	YRS.	munitas (wil)	25	
7g. I	BIRTHPLACE (Stote or	foreign 7	b. CITIZEN OF WI	HAT COUNTRY?	8 MARRI	ED NEVER MARRIED	9. COUN	NTY OF DEATH				
M	iaryland		U.S		WIDOW		Prin	ice Geor	tge's		Md	
10 (CITY OR TOWN OF DE	ATH		AME OF HOSPITAL OR I	INSTITUTION (PAT ON (Kind o		125 KIND OF INDUSTRY	BUSINESS OR	
	Cheverly		Pr	ince Geo.	Gen'1	HOspital		orking life, eve	n ii reiired)	INDUSTRY		
13¢	USUAL RESIDENCE (W	Vhere deceosed	lived, if institut	on Residence befor	e 13c CITY	OR TOWN 13d. INSIDE CITY		13e STREET AND				
	lary land		Prince	George's	E.Ri	verdale YES	NO 🗌	5519 N		on St.		
14		First	Middle	Lost		15. MOTHER'S MAIDEN NAME	First		Middle		Lost	
		Charles		Keenan			Patr	icia		Stocks	till	
	. WAS DECEASED EVER (es. no. or unknown)	R IN U.S. ARMED [(If yes give were		16b. SOCIAL SECURIT	Y NO. 1	7 INFORMANT			Address			
-										A DOSE AND	IMATE INTERVA	
		TH (Enter only WAS CAUSED E		ne for (o) (b), and ((1)	1 la Car	7	m /1.			ONSET AND DEATH	
	PAKI I. DEAIR	IMMEDIATE		HM.	om	a, puou	ma	May all	ud.	*		
	1700		DUE TO, OR A	AS A CONSEQUENCE ()F							
	Conditions, if any, rise to immediate	which gove	(b)	/			/					
	stoting the underf		DUE TO, OR A	AS A CONSEQUENCE ()F		11					
	lost.)	(c)			/	1/					
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)											
<u>×</u>	76 - 7											
CERTIFICATION	190. DATE OF OPERAT	TION 195 CO	NDITION FOR WH	ICH OPERATION WAS	PERFORMED	20o. AUTOPSY?		20b IF YES, WE CAUSES OF DEA		CONSIDERED IN C	ERTIFYING	
RTIFI						YES NO						
	21o. ACCIDENT WAS		21b. TIME OF HOUR A.M.	F INJURY Month Doy Ye		HOW INJURY OCCURRED (En	iter noture	of injury in Por	t 1 or Port 2,	Item 18.)	_	
MEDICAL	(If either, notify me			Moulli Doá 16	19							
ME	21d INJURY OCCUR	RED 21e. Pl	ACE OF INJURY	AT HOME FARM, STREET OFFICE BUILDING, ETC.	FACTORY) 21f	LOCATION Street or R.F.D. N	No	City or Town		County	State	
	While Not while	~)								
	22a. I certify t	hát (I) (地址	haspitel oft	ended the deced	ised fram.	Oct. 22, 19.	_68_, 1	la_Oct.	22, 19	68_, that	(I) fere) lost	
	saw the d	eceased aliv	e an	ct. 22,	_19.68.,	and that in (my) (see) a	ipinian di	eath accurre	d an the d	ate and haur	and from the	
		ited abave, i	(I) GAST (gia)	(did not) yiew th	e bady att	er death.			00	DATE CIONED		
	22b. SIGNATURE		" // /\	1.000		ATTENDING ATTENDING	MED. DIRECTOR	STAFF		DATE SIGNED	1000	
	22d. PHYSICIAN'S	-/-/		<i>b</i>	υ	EGREE PHYS XXX	DIRECTOR	☐ PHYS.		Oct. 24.	1908	
	NAME (Type)	73	2 Wah ad	W T	,	6821 Rive	vdo1o	pd 1	danard	ale Md 1	20840	
22.	DUDIAL COCALATION			avi M. I		OR (REMATORY		LOCATION (City				
230.	REMOVAL (Specify)	235. UA	2-68	Prince	e Geor	ge's General		neverly		(County)	(Stote)	
	1/1	-	/1	/	//-	17	UI UI	TOAGLTA	A THOME A	An Clab & Ch.		

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. **TO FUNEXAL DIRECTOR:** After this certificate hos been signed by the ottending physicion and completely filled the director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carbon papers adders should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of

VR A15 (4) 30M REV 1/68-

24. FUNERAL DIRECTOR

250, REC'D BY REGISTRAR DATE NOV 6 19**68**

REGISTRAR'S SIGNATURE





any delay is 2, and 3 ta Page

Give Pages 1,

haurs after death

te certificate, writing the ward "pending" in pencil in Item 18 Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with form

the certificate, writing the ward

This certificate should be executed within

DICAL EXAMINER:

O DEPUTY

the funeral director.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	3. SE	Х		4. RACE			5. DATE OF	BIRTH			6. AGE (In year		UNDER , YEAR	IF UNDER 24 HRS.
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	COUR	RIRTHPLACE (Stote		b. CITIZEN OF WI	HAT COUNTRY?	B. MARRI	ED 🔲 NEVER MA	RRIED X	9 CO U	NTY OF C	DEATH			
	W	ashingt		United :		WIDOW		ORCED 🔲			Prin	ce Ge	orge	Md
	10. C	ITY OR TOWN OF			AME OF HOSPITAL OR IN	STITUTION (If not in hospital				Kind of work fe, even if ret		126 KIND OF B Industry	SINESS OR
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1		USUAL RESIDENCI ssion) STATE _	(Where deceases	d liyed, if institut I I3h COUNTY	ion Residence before		OR TOWN	13d INSIDE CITY LA			EET AND NUME			
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	14 F	ATHER S NAME	First	Middle	Last		IS MOTHER'S A	NAIDEN NAME F				ldle		Last
			(earns	Andre		·			lary		E		McCor	mick
	160. Y	WAS DECEASED E es, no, or unknow	EVER IN U.S. ARME	D-FORCES? or dates of service}	16b SOCIAL SECURITY		7 INFORMANT				Add		2.5	
		1	VOL		216-46-72		Sacred	Heart H	ome	H	yattsv	ille,		rland ATE INTERVAL
			DEATH (Enter anly ATH WAS CAUSED		ne for (o), (b), and (c))	a- /				1.	,		SET AND DEATH
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		stating the unit	derlying cause	DUE TO, OR A	AS A CONSEQUENCE OF									
			SIGNIFICANT COND	ITIONS CONTRIBU	TING TO DEATH BUT N	INT DELATE	TO THE TEDMIN	AL DISEASE ORG	ONDITIO	ON GIVEN	IN PART 1(a)			
		*	STORING CORD	THOMS CONTROL	THO TO DEATH DOT II	IOT REERIE	D TO THE TERMINA	NE DISCUSE ON C	ONDITT	DIE CITER	m can ifoi			
	TION	190. DATE OF OPERATION 119b. CONDITION FOR WHICH OPERATION WAS P					20a. AUT	OPSY?	_	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYIN			RTIFYING	
1	CERTIFICATION		1			YES NO			CAUSES OF DEATH?					
	CER	27a. ACCIDENT	WAS UNDERLYING	216 TIME O	FINJURY	21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)								
	MEDICAL		G CAUSE OF DEATH medical examine		Month Day Year	9							,	
	MEC	ALL BUILDY OF	CUDDED 01- 0	LACE OF INJURY	AT HOME, FARM, STREET, FA		LOCATION Str	et or R.F.D. Na.		City a	ir Town	(ounty	State
		White Nath	rs inte		OFFICE BUILDING, ETC.	- 1								
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		sow the	deceased all	ve an 10-	(did n et) view the	19 <u>00</u>	ond that in (r	ny) (our) opi	nían c	death o	curred on t	he date	and hour a	nd from the
		22b. SIGNATURE		(1) (110)	(Gird Hol) view life	bauy on	ei uguili.					22c DATE	SIGNED	
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ı		22d PHYSICIAN	\$. 4 0 0	5		22e. AD	DRESS			. 4			
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	24.	FUNERAL DIRECTO)R	1 2	ADDRESS	, 0	1 2	25a. REC'D 8			2Sb. REGIS	2-0-6		
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

Page 4 may be retained by the haspital ar attending physician.

Tarage.

Leland

25b REG STRAR S SIGNATURE

ADDRESS POR Marlbor RECD BY REGISTRAR

Md.

DATE OCT

1968

30M REV

REMOVAL (Specify)

Ritchie Bros. Funeral Home

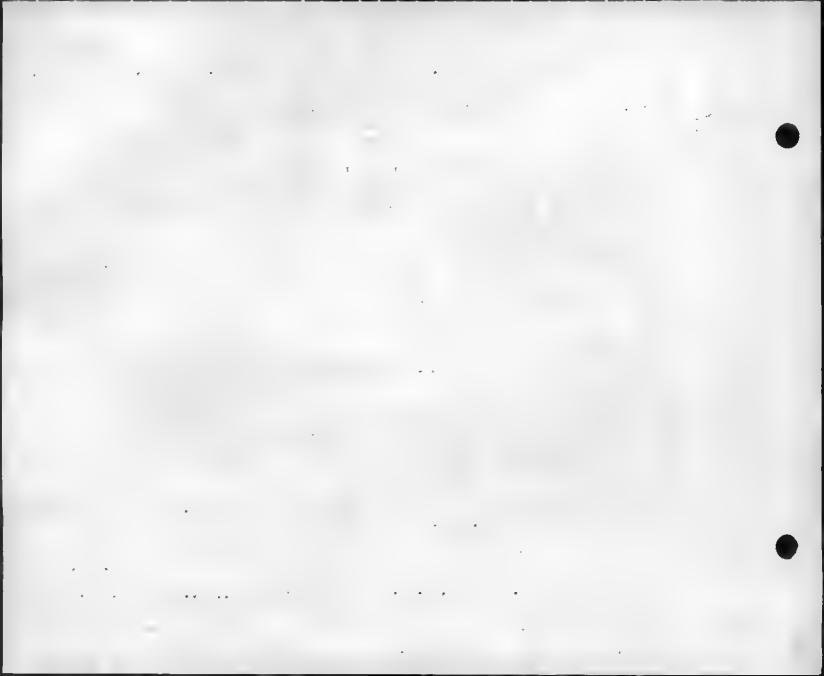
24 FUNERAL DIRECTOR

law requires that the death certificate be executed within 24 hours after death.

Ε,

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14896 CERTIFICATE OF DEATH 14905 1 DECEASED-NAME First Lost 20. DATE OF DEATH 2b. HOU₽ deoth ond unera (Type or pont) Month 28 Doy 1968 or E. KNOX Lena Oct. 24 hours after dea 10:25w 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (n years F JNDER I YEAR lost birthdoy) 12-03-06 Female Caucasian 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) Va USA WIDOWED DIVORCED [Prince George's 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (finot in hospital 120 JSUAL OCCUPATION (Kind of work done give street oddress)
Prince George's Gen'l Hospital hetired thone operator Cheverly 130 USUAL RESIDENCE (Where deceased lived, if institut an Residence before 13c CITY OR TOWN 13d INSIDE CITY EMITS? 13e. STREET AND NUMBER 35. COUNTY Rone Arundel YES NO Annapolis Maryland Severn Grove Circle law requires that the death certificate be execu 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME FIRST Lost M ddle 1204 George Turner Hepner Terzah Amelia Coller 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) [If yes give war or dates of service] 578 10 0702 Annapolis, Fd. Herman T Knox APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) has been 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20p AUTOPSY? 205 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? be detached far use State Dept. af Health this certificate by the haspital or 210. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 23f. LOCATION Street or R.F.D. No. City of Town County State While Not while of work of work Page 4 may be retained by # O FUNERAL DIRECTOR: After 22a. I certify that (i) (these points) attended the deceased from March , 1967, to Oct. 28, 1968, that (i) (WM last saw the deceased alive an Oct. 28, 19_68, and that in (my) toxic apinian death accurred an the date and have and from the causes stated abave, (i) (SPEK(did) (SPEKE) view the bady after death. 22b SIGNATURE 22c DATE SIGNED Oct. 28, 1968 22e ADDRESS 22d PHYSICIAN S NAME (Type) Don B. Cameron, M. D. director, p 3503 Perry St., Mt. Rainier, Md. 20822 230 BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Ft Lincoln Cemetery Colmar Manor, Pro Geo Md. Nov 1. 1968 24 FUNERAL DIRECTOR 250 RECD BY REGISTRAR 256 REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville, Md. VR A15

MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEPT.

Firs after death. Tany delay is mitted 6 fee Pages 1, 2, and 3 to P.M3 tice along with form This certificate shauld be executed within 24 necessary, pleas execute the certificate, writing the ward "pending" in pencil in, the funeral director Rage 4 should be farwended to the Chief Medical Exeminer's DICAL EXAMINER: 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Depa Health prior to buriol, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14897

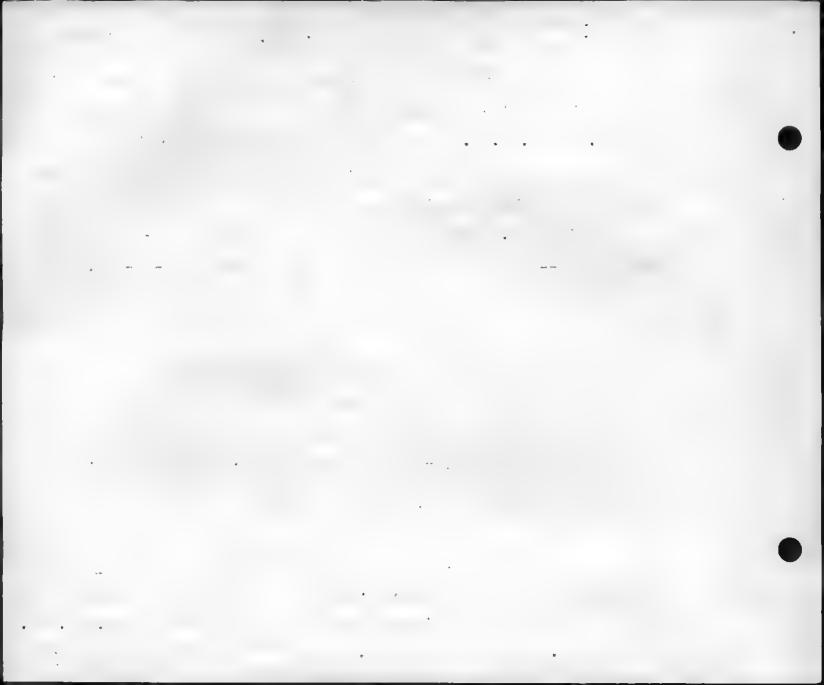
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14906

1 DECEASED NAME (Type or Print)	First		Middle	lo	st		KNOWN	Nonth Doy	Yeor	2b HOUR	
	Franci	is Clev		Kolbe	3	DEATH	MATED 🔀	10-31-6	8 193:	OOpmM	
3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (n		AYS HOURS	AL DAIL	PRONOUNCED DE			2d HOUR	
Male		11-23-189	93 75	YRS.	10000	Mont		1 68	eor 197:]	Opm M	
70. BIRTHPLACE (Sto	ote or foreign 7	'b citizen of what co	OUNTRY? 8.	MARRIED 🔀 NEVE	R MARRIED 🛄	9 COUNTY OF D	EATH				
country) Peni	na.	U. S. A.		MIDOMED [D‡VORCED	Prince	George	S		Md	
10. CITY OR TOWN	OF DEATH		OF HOSPITAL OR INSTIT	JTION (If not in ho		SHAL OCCUPATION			ND OF BUSI	NESS OR	
Chever	lv	give street Princ	ce George	Hospital	Tob	most of working			Far	m	
		ed ived, finstitution-	Residence before 13c	CITY OR TOWN	134 INSIDE CITY E		ET AND NUMBER	`			
Mary Land	JE .	Prince Ge	orge's Upp	er Marlb	OTO AFE IN	· 🔼 7000) Woodya	ard Roa	ıd		
14 FATHER'S NAME	East	Middle	Lost		MAIDEN NAME	First	Middle		Łost		
		Wm. Kol				Clara			affer		
	EVER IN U.S. ARMED F	ORCES? 16b.	SOCIAL SECURITY NO.	17 INFORMANT				ame as		ms	
MAUNK	10 wn (Il yes give y	m Outes of setales)		Bertha	Eliza	beth Ko	olbe-1	3-e-c.	•		
18. CAUSE C	F DEATH (Enter on-	y one couse per line for	r (o) (b), and (c).)			-		В	APPROXIMATE SETWEEN ONSET		
PART 1.											
	X	TE CAUSE (o) Gun DUE TO, OR AS A	CONSEQUENCE OF								
	ony, which gove	(b)									
stating the u	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF										
last.		(d)									
PART 2 OTHER	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										
× 976	×										
190 DATE OF	OPERATION		CONDITION FOR WHICH	H OPERATION				2	O. AUTOPSY	?	
DIAIT			WAS PERFORMED?						YES 🔲	NO EX	
			RY Month, Day Year	21c HOW INJUI	Y OCCURRED (En	ter noture of injury	n Port 1 or Pr	ort 2, Item IB.)			
PRIMARY X	OR CONTRIBUTING	3:00pm 1	0-31- 19 68	Shot	self wit	th .12 ga	auge sh	ot gun			
110 1170101 0		LACE OF INJURY (At hor	me, form, street	21f. LOCATION S	rest or R F D. No.	City		Con		Stote	
AT WORK	NOT WHILE IN BA	tory, office building, etc rn in rear	of home	same	as #13						
		ook charge of the re		ibave, held an	Autopsy ,	Inspection	X, Inqui	iry 🗍, 🤇	ond in my	y opinion	
deoth r	esulted from-	Natural earlises [Z, Kc deni [, Suicide [d, Hamicid		termined mo	nner 🔲			
	//	///	/ -		CHIEF MEDICAL	EXAMINER					
ACTUAL SIGNATURE	LI	11/2/10	10			CAL EXAMINER		DATE SIGNED			
EXAMINER'S	1	20110		-111,0		L EXAMINER		11-1-6	<u> 58</u>		
NAME (Type	. / /	hoe MD R	iverdale,	Md.		city, town, or cou	nty)				
230 BUR AL, CREM	ATVON. / 23b			ETERY OR CREMATO	ξY	23d LOCATION	(City or Town)	(Count	y) (St.	tote)	
Burial	1]	1/5/68	Epiphar	ny Cemet	ery	Forest	tville	Pr.(Geo.	Md.	
24 FUNERAL DIREC	TOR		ADDRESS		2So RECID	BY REGISTRAR	2Sb REGIST	TRARS SIGNATU	URE		
Ritchi	Bros-	Upper Ma	rl boro.	Md.	DATE NU	V 1 2 19	68 <i>VC</i>	liante	Vueda		

VR A15ME (5) 10M REV 1/68

TO DEPUTY



13 14898

24 hours ofter death.

Onero

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physican and completely filed in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours of

SOM REV

TO NOSPITAL OF ATTENDING PHYSICIAM: The low requires that the death certificate be executed

Page 4 may be retained by the hospital or attending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14907

	7 2000		C	CKIHIN	AIE OF D	CATH			ethll.	00	4	
	CEASED NAME First PETER	VA.	Middle LTER		LARSON		20 DATE OF DEATH Manth 10 Day 13 Year 68					
3. SE.	Male		asian		S. DATE OF BIRTH	1894		6 AGE (In years last buthday) 73 YRS			INCER 24 HRS.	
cauh	BIRTHPLACE (State or foreign http://ichigan	76 CITIZEN OF WHAT CO	DUNTRY? F HOSPITAL OR INSTI	WIDOWED	<u> </u>			DEATH ICE George (Kind of work done		D OF BUSI	Md	
(Captain's Cove	give street	address) 9214	Reed	Lane	during mast Auto	of work ng l	life, even if retired)	INDUSTI		NESS OK	
	USUAL RESIDENCE (Where decease secon) STATE Md.	Lane consuma		or Capta:	in's Covi	INZIOE CITA TIW ±		REET AND NUMBER 214 Reed 1	ane			
14 F	ATHER'S NAME First Peter	Middle	lost Larson	15	5. MOTHER'S MAIDE			Middle ria Carlso	on Lar	-	ost	
	WAS DECEASED EVER IN U.S. ARM es, np., ar unknown) (If yes give w	or or dates of service)	social security no 70-05-51		NFORMANT Lulu M	. Lars	on 9	Address 214 Recd				
	18. CAUSE OF DEATH (Enter only one cause per lag for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause (c) Indicate the cause (a), and an											
CERTIFICATION		CONDITION FOR WHICH O	PERATION WAS PERF	ORMED	20a AUTOPSY YES [? NO 🔲	20b IF CAUSES	YES, WERE FINDINGS OF DEATH?		IN CERTIF	FYING	
MEDICAL	21a. ACCIDENT WAS UNDERLYIN acconvenient of cause of can (If either, nat.fy medical examin 21d INJURY OCCURRED 21e. While at work at work 22a. I certify that (I) (thi saw the deceased al couses stated obove 22b. SIGNATURE	HOUR A.M. Mo P.M. PLACE OF INJURY (AT HO OFFICE s hospital attends	onth Day Year 19 OME, FARM, STREET, FACTO E BUILDING, ETC. d-11e eceasec	(frem_	d that in (my) death.	r R.F.D. No.	city , to on death o		Caunty		State (we) last	
23a	22d PHYS (IAN S NAME (Type) /	FRGERT	23c. NAME OF CE	15073	K G ADDRES	101	Aud	uy (aup	(County)	on E	(1) State)	
24.	REMOVAL (Specify) Burial FUNERAL DIRECTOR I The Im Funeral)-16-68 Home 4308	Cedar H ADDRESS Suitland		S. E. 25	o REC'D BY	REGISTRAR	2Sb. REGISTRAR	s signature		id.	



10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached for use as the burial-transit permit. Then all shauld be filed with the State Dept. of Health prior ta burial, cremation, ar remanal.

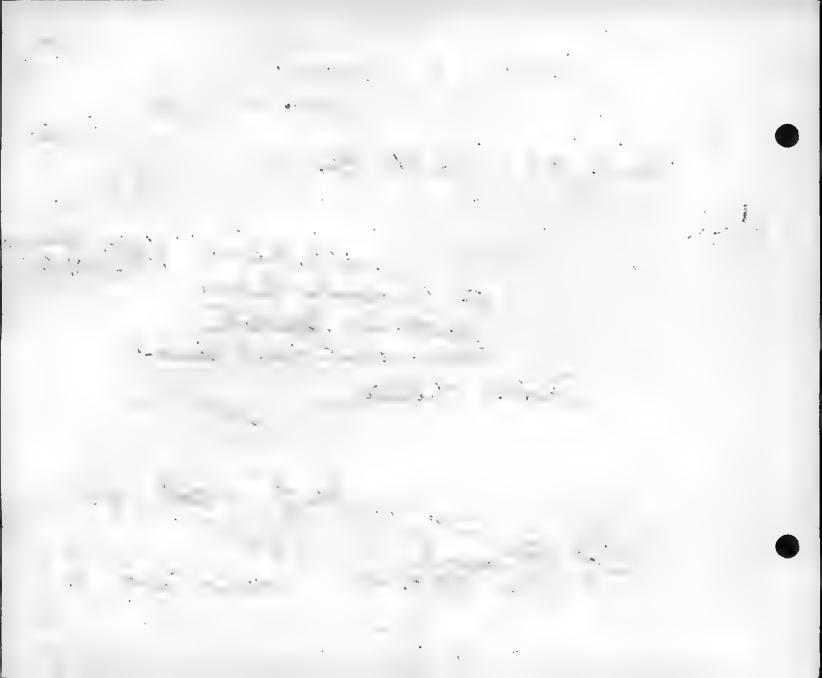
sucernant campletely filled in by the funeral please semave carban papers. Pages 1 and 2 tyma in any event, within 72% us affect death.

lease remave carban papers.

1		16893			ERTIF	ICATE OF	DEATH					
		CEASED-NAME First ype or print)		Middle		Last		20. DATE OF	DEATH Month Do	Yeor Yeor	2b. HOUR	
	. "		derick			Lee			Month Day	5 1968	8 6.30P	
	3. SE	Х	4 RACE			S DATE OF BI	IRTH		6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN	
		Male	xiduxx	Negro		March	1 <u>26,</u> 1	.880	88 YRS.			
A.	7o 8		o. CITIZEN OF WHA	AT COUNTRY?	B. MARRIE	ED 🗀 NEVER MAR	RIED 9.	COUNTY OF	DEATH			
	LUG	MARYLAND	USA		WIDOWI	DiVOI	RCED 🔲	Pr	ince Georg	ges	Md.	
1/	10. C	TTY OR TOWN OF DEATH		ME OF HOSPITAL OR INS	TITUTION (if not in hospital		OCCUPATION	(Kind of work done	12b KIND OF	BUSINESS OR	
h	2.00	erlv		reet oddress) -ince Geor	ges (Gen Hosp	Ret	ired	Soldier	INDUSTRY		
,	130.	JSUAE RESIDENCE (Where deceased	lived, if institution	on Residence before	Tac CITY	OR TOWN	13d INSIDE CITY LIMITS	2 13e ST	REET AND NUMBER			
(2	domi	ssion) STATE Maryland	13b. COUNTY	Gen.	Palr	ner Park	AE2 NO	76	09_Милсеу	Road		
1	14. F	ATHER'S NAME First	Middle	Lost		IS. MOTHER'S MA	AIDEN NAME First		Middle		Last	
	Ιs	saac Lee				Cl	narity	Maso	n			
		WAS DECEASED EVER IN U.S. ARMED		16b SOCIAL SECURITY N	10.	7. INFORMANT	Lee-un	cle-	806 Crit	tenden	St. N	
	-	03,110, 37 0110100011)				OODCPII	200 - UI		OOO CLIC			
		18. CAUSE OF DEATH (Enter on y		e for (a), (b), and (c))	1	1				APPROX BETWEEN I	IMATE INTERVAL DINSET AND DEATH	
		PART 1. DEATH WAS CAUSED 8 IMMEDIATE		prepro	1	DELL	Duylos	117		20	eele	
		+104	DUE TO, OR AS	A CONSEQUENCE OF	_	+		,	2 .01			
		Conditions, if ony, which gave	(b) A	1 Lexinos	6218.	Fee Sq	wii /	ascu	Conce Lo	140	an	
		rise to immediate couse (o) (stating the underlying couse)	DUE TO, OR AS	CONSEQUENCE OF	-/-	16	0 /		\ \ \	U		
		los†	(c)	ouper	hu	e He	2011	7 6	red feer			
		PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUT	ING TO DEATH BUT NO	T RELATED	TO THE TERMINA	L DISEASE OR CON	DITION GIVE	N IN PART 1(o)			
	z 42.3-1											
1	CERTIFICATION	190. DATE OF OPERATION 196. CO	NDITION FOR WHI	CH OPERATION WAS PER	FORMED	20a. AUTO	PSY?		S, WERE FINDINGS CONSIDERED IN CERTIFYING			
Ψ,	TIFIC					AE2	NO XX	CAUSES	OF DEATH?			
		21a. ACCIDENT WAS UNDERLYING	21b. TIME OF		21c	HOW INJURY OCC		sture of inju	ry in Port 1 ar Part 2,	Item 18.)		
	MEDICAL	DR CONTRIBUTING CAUSE OF DEATH (If either, notify medical exominer)	HOUR A.M. P.M.	Manth Day Year								
	ME	21d INJURY OCCURRED 21e. PL		AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC	IDRY.) 21f	LOCATION Street	et ar R.F.D., Na	City	ar Tawn	Caunty	State	
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		22a. I certify that 4) (this		nd <mark>ed th</mark> e decease	d fram.	Sept.	21, 1968	_, ta_0	ct. 5, 19	_68_, that	(1) (we) last	
		saw the deceased aliv	e an	did not) wow the h	9 65, (and that in (m	<mark>∦}</mark> (aur) apinid	on death i	accurred an the do	ate a <mark>nd h</mark> aur	and fram the	
		22b. SIGNATURE	K (Ma) (dia) (XXXXXX Alem the I	Jauy uii	er ueum.	·		22.	DATE SIGNED		
		220. SIGNATURE	101	11	Di	EGREE PHYS.	NG MED.	CTOR	STAFF	0 - 6	-18	
1		22d. PHYSICIAN'S	Sylve	<i>NO)</i>		22e. ADD		CIUK L	PHYS.	0 - 0	. 60	
1		NAME (Type)	NBS S	AHAKY	× n			-1- 0		Oh a 1	14.1	
	230	BURIAL, CREMATION 236 DAT	T.	23t, NAME OF C	EMETERV				on 1 Hosp. ON (City or Town)	(County)	(State)	
}		DEMOURL SE TO T	19/68/_				1 Ceme		ryland	(conus)	(State)	
1		FUNERAL DIRECTOR	7 7 7	was forker	-11 T.1	CHIOL La	25a. REC'D BY R		2Sb. REGISTRAR'S	SIGNATURE		
9		tewart/Funera	I Home	-4001 ye	nnin	g Rd.,	N.E-OCI	9		conta a	ndar	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME ROBERT Middle 2a. DATE OF DEATH death. within 24 haurs after death and (Type ar print) and campletely filled in by the funeral Manth Offer 3. SEX 4 RACE 6 AGE (In years IF UNDER 1 YEAR last birth MONTHS DAYS HOURS YRS 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED [DIVORCED [within 10_GITY_OR TOWN OF 11. NAME OF HOSPITAL OR INSTITUTION (II 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired.) event, JSUAL RESIDENCE (Where deceased lived, if institution Residence before 138 INSIDE CITY LIMITS? 13e STREET AND NUMBER PHYSICIAN: The law requires that the death certificate be-exerated admission) STATE 13b. COUNTY YES 7 in any 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last physician of the please gud 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (If yes give wor or dates of service) for use as the burial-transit permit. Then permit then be Health priar to burial, cremation, ar remaval, signed by the attending phy burial-transit permit. Then 18. CAUSE OF DEATH (Enter only one couse per line for PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if any, which gave) rise to immediate cause (a), DUE TO: OR Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNATION RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [far use 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED [Enter nature of injury in Part 1 or Part 2, Item 18.) MEDICAL OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year State Dept. of (If either, natify medical examiner) P.M detached (AT HOME, FARM, STREET, FACTORY) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. County State City or Town While Nat while of wark 22a. I certify that (I) (this haspital) attended the deceased from þe and that in (my) (our) opinion death-occurred on the date and hour and from the saw the deceased alive an. director, page 3 shauld shauld be filed with the couses stated above, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATU 22c. DATE SIGNED ATTENDING PHYS. DEGREE DIRECTOR PHYS 22e. ADDRE STCIAN S NAME (Type) 23b. DATE NAME OF CEMETERY OR CREMATORY MCATION (City or Town) 23a BURIAL CREMATION (County) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR VR A15 (4) 30M REV 1



	- 1			CERTIFICATE OF DEAT		
를 _2를	- [CEASED-NAME First Middle	last	20 DATE OF DEATH	2b. HOUR
er death. funeral i and 2 er death.		(1)	(pe or print) Charles	MARKEY	Month Oct. Doy	23 1001/168 9 DAM
	Ī	3. SE)		S DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
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and State		70 B	RTHPLACE (State ar fareign 76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
是 () () 是	1	coun	WILLIEGINIA U.S.A.	WIDOWED DIVORCED	Prince George	Co. Md.
2 22	ı	10 CI	TY OR TOWN OF DEATH 11 NAME OF HOSPITA		USUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
within 24 haurs ely filled polytic bon papers polytic within 72 boors	- 7	11	VATIS VILLE Md. give street address)	le Nursing Home EI	ng most of working life, even if retired) ectric Type Finis	INDUSTRY
The second second		130/	ISLIAL RES DENCE (Where decensed lived if institution Residence	before 13c CITY OF TOWN 13d INS. OF	CITY LIMITS? 13e STREET AND NUMBER	
	7	admi:	sion) STATE WASh. D. C. 136 COUNTY -	WASh. D.C. YES	NO 2115 MmROE	St. NE.
and campre		14. F.		Last IS. MOTHER'S MAIDEN NA	ME FirstMiddle	Lost
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ate be ician c lease and is			WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SE	7	Address	Md.
ath certificate bu rding physician tt. Then please r remaval, and ii		. Y	(f yes give vidar or doies of service) 578-2	4-575William E.	-son 10405 Huttin	g 11.,S.S.,
cert d b Thei			18. CAUSE OF DEATH (Enter only one cause per line for (o), (b),	end (c).)	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he death ce attending permit. The			PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 12020	· 1- 1		mins.
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quir phy: sign suric			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BOT NOT RELATED TO THE TERMINAL D SEASE	OR COND TION GIVEN IN PART 1(0)	
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e law tendir as bee as th priar t		CATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	WAS PERFORMED 2Da. AUTOPSY?	206 IF YES, WERE FINDINGS CON	SIDERED IN CERTIFYING
Fe p 등 하는	X	the .		YES N	CAUSES OF DEATH?	
			21a ACC DENT WAS UNDERLYING 21b TIME OF INJURY		(Enter nature of injury in Part 1 or Port 2, Itel	n 18)
CIAN pital c trificat d for of He		MEDICAL	OR CONTRIBUTING CAUSE OF CEATH HOUR A.M Month Day	Yeor 19		
IYSIC certi ched pt. of		¥	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM. !	TREET, FACTORY.) 2.f LOCATION Street or R f E	O No City or Town	County State
he I this eta			at wark at work		0	
ING by t ter ter tate			220. I certify that (I) (this hospital) attended the a	eceosed from 1986.	1967, to Oct 23, 196	🚬 , that (I) (we) last
ed be see See See See See See See See See Se			causes stated abaye (1) (we) (did) (did not) vie	19 <u>6</u> & , and that in (my) (s or)) apinian death accurred on the date	and hour and from the
E S S E			22b SIGNATURE	w the body after death.	22c DA	E SIGNED
OR A be reflected by Sirected with the second secon			Herselly), com	M DEGREE PHYS		23/68
			22d PHYSICIAN'S //_	22e ADDRESS	BIRECTOR - PHIS	CILLER SPVIK
md md	1		NAME (TYPE) TAROLD W. DIRAI	PERM.D. 9801 (GEORGIA AVE.	mo.
HOSPITAL ge 4 may FUNERAL rector, pag		23a	BUR AL CREMATION, 23b DATE 23c No	AME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
			DESCOVAL (Const.)			

5 5 £ 4

Fort Lincoln Cemetery Colmar Manor. Maryland



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Land 2 with the State Department

after death.

hours le pogets

Health prior to burial, crematian, or remaval, and in any event within TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit.

PM3. Page

Office alang with farm

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necessary, please execute the certificate, writing the ward "pending" in pendial the funeral director. Page 4 shauld be farwarded to the Chief Medical Mamine

DICAL EXAMINER:

TO DEPUTY

24 havrs after death Lany delay is in Item 18. Give Pages 1, 2, and 3 ta

This certificate should be executed within 24 haurs after death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14911

		1520	G	MEDIC	AL EXAMINI	ER'S C	ERTIFICAT	E OF DE	ATH						
		ECEASED-NAME	First		Middle		last			2c DATE		Month	Day	Yeor	2b HOUR
	(1	Type or Print)	Freder	rick	S		Mart:	in		OF DEATH	MATED DE	10-	-12-6	8 191	00am
1	3 SE	X	4. RACE	S DATE OF BIRT	TH 6 A	GE (In years	F LADER 1 YEA	R IF LAIDER			RONOUNCED	DEAD		de annual .	2d HOJR
)	Ma	le	White	2-14-19		st berthday) 2 YR	MONTHS DAY	'S HOJRS	Min	Month 10		Day	68	19] :	27pm M
		BIRTHPLACE (Stot		CITIZEN OF WHA		8 M	ARRIED NEVER	MARRIED 🗌	9 COU	NTY OF DE	ATH				
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-	10. 0	Bowie			ME OF HOSPITAL OR reet oddress) 21 Marne		tk (If not in hasp		ISUAL OC	CUPATION (Kind of worlder, even if re	k done		D OF BUSI	
	13o	USUAL RESIDEN	CE (Where decease	d lived, if institut	an Residence befo		Y OR TOWN	138 INSIDE CTY			AND NJMB				
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i		ATHER S NAME	First	Middle	los	t	1S. MOTHER'S	MAIDEN NAME	First		Midd	ile		Last	
'	I	Frederic	Martin					Julia 1	R. W.	hyte					
			ER IN U.S. ARMED FO		16b. SOCIAL SECURITY	NO.	17. INFORMANT				ADDRESS	,	Bowie	e, Mo	1.
	(1)	es, no, or unknav	VII) (If yes give we	er or dates of service}			Eilee	n S. lia	arti	n 12:	221 Ma			-	
			DEATH (Enter only	ane couse per lin	e for (a), (b), and (c	1)							A BCT	IPPROXIMATE	INTERVAL
		PART I E	EATH WAS CAUSED	BY GU	n shot wo	und	of chest	j.					105.1	WEEK ORSE	AND DIATE
		700	X		AS A CONSEQUENCE O										
			iny, which gove	(b)											
			iote couse (o), (idenlying couse (AS A CONSEQUENCE O)F									
		kost)	(4)											
		PART 2. OTHER	SIGNIFICANT CONDIT	IONS CONTRIBUTION	NG TO DEATH BUT NO	T RELATED	TO THE TERMINA	DISEASE OR	CONDITIO	N GIVEN IN	PART 1(o)				
	25	1101													
	CERT FICATION	190 DATE OF C	PERATION		196 COND TION FOR		PERATION						20	AUTOPSY	13
	T FIC				WAS PERFORME	D?								YES [NO DX
		21a. EXTERNAL		215 TIME OF U	NJURY Month, Day, Ye	109	21c HOW INJURY	OCCURRED (En	iter notus	re of injury	in Port 1 or	Port 2, I	tem 18)		
	MEDICAL	CAUSE OF DEAT	R CONTRIBUTING	11:00a	m 10-12-19	68	Shot se	elf at	home	•					
	¥	21d INJURY OC	I - A	ACE OF INJURY (A	t hame form street		21f LOCATION Str	eet or R F.D. No		City o	r Town		Caunt	У	Stote
		AT WORK	OT WHILE TO TOCK	ome	j, eit j		Same	as #13	}						
				ak charge of th	e remains descri	bed abov	re, held an A	utapsy ,	Ins	pection F	X Inq	uiry [], ar	nd in m	y apinian
		death re	sulted fram:	Natural couse	es . Accide	nt 🔯,	Suicide 🔀	, Hamicid	le 🔲,	Undet	ermined n	nanner			
				1 st	A	1	17	CHIEF MEDICAL	EXAMINE	R 🔲					
		ACTUAL SIGNATURE		July	/les	7	M,D	ASSISTANT MED	ICAL EXA	MINER _] 2		E SIGNED	14	
		EXAMINER'S			t	_ ′		DEPUTY MEDICA			-		0–13–	<u>-68</u>	
		NAME (Type)	John/Ke		Riverda			ADDRESS(Street			1.				
	230.	BURIAL, CREMA REMOVAL (Spec	1 2 1 /1				Y OR CREMATORY		23d	LOCATION	(City or Towi	n)	(County)	(\$1	tote)
		Durial		0-16-68			Cemeter			Ather				Ohio	
		FUNERAL DIRECT		-ma 120d			ash. D.						SIGNATUR		1.0
	拉丁	тиети г	mierar u	OILLE 4,500	Suitland	T MCI.	р. Б.	DATE	CT:	1 (K	368 <i>,</i>	*	arla	1 Xac	7

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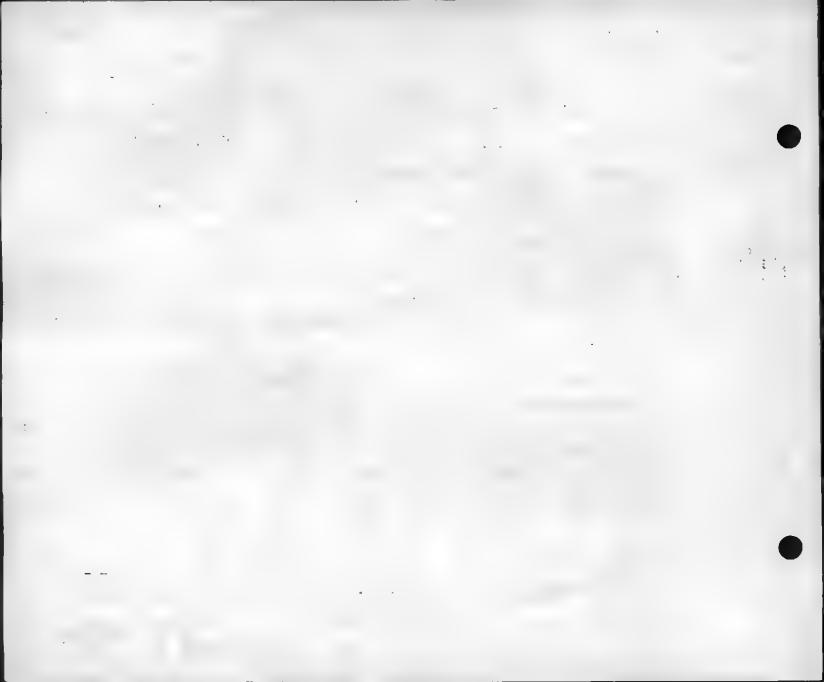
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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FOR STATE		14903	3	MEDIC	AL EXAM	AINE	R'S CI	RTIFIC	ATE	OF DE	ATH				JL 9	191	2
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		male	4 RACE Negro	3-27-19		6 AG	E (n years birthday) 8 YRS	NONTHS	YEAR DAYS	IF JNDER HOURS	24 HRS. ARN.	2c DATE I	PRONOUNCE	D DEAD	68	3 19 12	2d HOU
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alang anter alang with death.		mission) FIALE		135 COUNTY	L Kesidente	n Deruie		rel		YES N			9th.		et.		
haurs after death Item 18. Give Pages Office alang with far Land2 with the State	_	ATHER'S NAME	First	Middle		Last	4200	1s. MOTHER	R'S MAID	DEN NAME	First	70.0		ddle	,00	Ła	;
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xominer xominer ile page 72 hour	(7	es, no, ar unknaw	(II yes give wo	ar or dates of service)				MRS	CAT	HERI	NE B	URLEY	7		AURE	L. M	D
		1B. CAUSE OF	DEATH (Enter only	one couse per le	ne far (o), (b),	and (c))									APPROXIMAT	INTERVAL T AND DEATH
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e executi pending" ef Medico ssit permi vent with		+ " "	A selection and a	DUE TO, OR	AS A CONSEQU	ENCE OF	Art	erios	cler	otic	hear	rt di	sease	1	un!	know	n.
요 글 글 의	Conditions, if any, which gove its to immediate cause (a). (b) DUE TO, OR AS A CONSEQUENCE OF																
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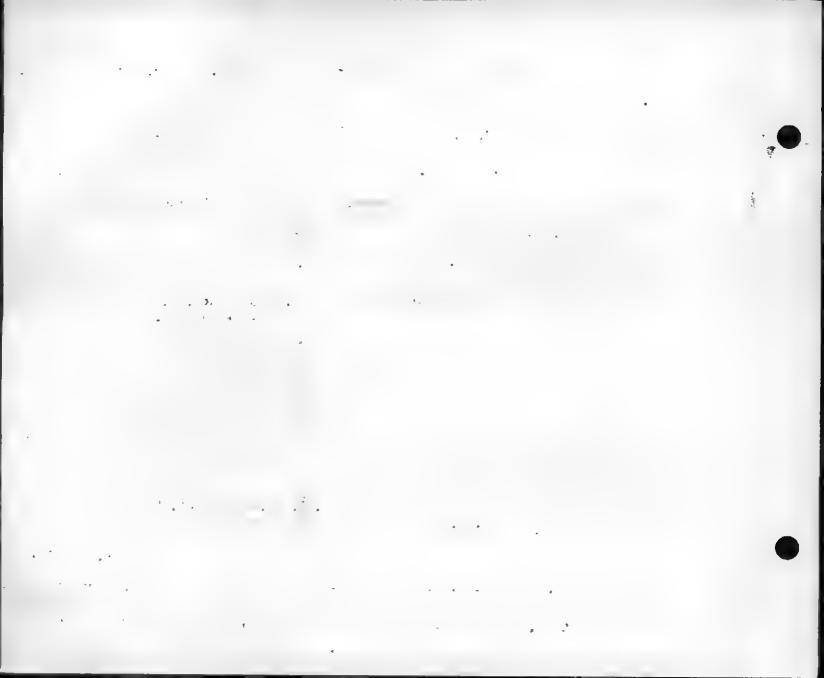
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offer death 8 Give Poges 1, olong with form with the State Deleath	10. 0	ITY OR TOWN OF DEATH	11 NA	ME OF HOSP TAL OR IN	STITUTION (IF	not in hospital	120 USJAL OC	CUPATION (Kin-	d of work dane	126 KIND OF BUS	
ive P	10	Cheverly USUAL RES DENCE (Where deceo	Pr	ince Georg	e Hosp	ital	SIDE CITY FIN ISS			SGover	nment
s after 18 Gr olong with death	130	USUAL KES DENCE (Where deced	13b COUNTY Prince	George 'm		sville YES		13e STREET AF	airwood	Road	
hours Item 1 Office con 2		ATHER'S NAME First	Midde	cost		MOTHER S MAIDEN	NAME First		Middle	Los	1
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		1B. CAUSE OF DEATH (Enter or PART 1 DEATH WAS CAUSE						·- ·		APPROXIMATE BETWEEN ONSET	AND DEATH
xecate Iding ' Aedical permit t withi		MWEDI	ATE CAUSE (o) UCI	clusion of	coron	ary arter	ry	nauh alaka		minute	
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s, certificate a, writing to forwarded as o used as o emoval, on	FICATION	190. DATE OF OPERATION		196 COND TION FOR W		ON				20 AUTOPS1	1?
This cote. be for the unit of	CERT FIC			WAS PERFORMED?						YES 🗌	№ □
풀 등 목 기	MEDICAL CE	210 EXTERNAL CAUSE WAS PRIMARY TO OR CONTRIBUTING CAUSE OF DEATH			21c. H	OW INJURY OCCUR	RED (Enter notur	e of intury in 1	Part 1 or Part 2, li	tem 18)	
ICLE EXAMINER: execute the certion. Page 4 should do your files. CTOR: Page 3 should buriol, cremotion,	ME	21d INJURY OCCURRED 21e. WHILE NOT WHILE for at WORK AT WORK	PLACE OF INJURY (A ctory, affice building	t home, form street, y, etc.)	21f LC	CATION Street or R	F D. No	City or To	wn	County	Stote
Pog for y R: P		22a. I certify that I i	aak charge of th	ie remoins describe	d above, he	ld on Autopsy	, Ins	pection [32]	Inquiry	, and in m	y op n on
Se exection of the second of t		death resulted fram:	Natural caus	es 🗷 , Accident	t 🔲, Su	icide 🔲, Ho	amicide	Undetern	nined manner		
ry, pleose sraf directory se retoin RAL DIRE		ACTUAL A	An 1	Yalla	0		EDICAL EXAMINE		22b. DATE	CICNED	
		SIGNATURE EXAMINER'S	1-01	1 Il to	7		NT MEDICAL EXA: MEDICAL EXAMI			0-27-68	
		NAME (Type) / John F	ehoe MD	Riverdal		ADDRESS	S(Street, city, tov				
5 = 4 × 5 ±	23o	DEMOVAL (Spenful)	DATE	23c NAME OF C		CREMATORY emetery		LOCATION (City		(County) (S	tote)
	24.	FUNERAL DIRECTOR	t29, 1968	ADDRE	22		REC'D BY REG		25b REGISTRAR'S		
VR A15ME (5) 10M REV 1768		F. Gasch's S	ons Hya	ttsville,	Md.	1	TEOCT 3			la Judg	e

FOR S

14905

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-1					CERTIF	ICATE OF DE	ATH		149	14
_		CEASED-NAME First		Middle		Last	1	DATE OF DEATH	Day Year	2b HOUR
L	(1	ype or pant) R	ichard	J	Mc	Garry	0	ct. Manth 8,	Do1968 Year	8 P.
- 1	3 SE		4. RACE			S. DATE OF BIRTH		6. AGE (In year	OTS IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS
L		le	Cauc	asian		3/4/15-		last birthday	YRS.	THE SECOND
I	70 E	BIRTHPLACE (Stote or foreign	76 CITIZEN OF W		B. MARRI	EDXIXIEVER MARRIED		UNTY OF DEATH		
L		Wew Jersey	U. S	T	WIDOW	ED DIVORCED	Pr	ince George		
ŀ		ITY OR TOWN OF DEATH	11 N	IAME OF HOSPITAL OR IN:	STITUTION (of not in hospital		JPATION (Kind of work working life, even if re		F BUSINESS OR
ŀ		everly	Při	nce Geo.Ge			Pres	ser	clo	ths
l	l 3a. adını	USJAL RESIDENCE (Where deceases on) STATE WWW.Jersey	ed lived, it institu 1/3b COUNTY	tion Residence before		VEC	NSIDE CITY E-MITS?	13e. STREET AND NUM		
ŀ			V		Pater	IS. MOTHER S MAIDEN		31A Alabar	na Avenue	Lest
l	14, 1		Middle s Mc Gar	Last			e Kelle		go:e	Last
ŀ	160	WAS DECEASED EVER IN U.S. ARM		16b. SOCIAL SECURITY	NO II	7 INFORMANT	e welle		dress	
ı			or or dotes of service)	143 07 85		Regina Mc	Garry	Paterson	N. J.	
				1					APPRO	GMATE INTERVAL
		18. CAUSE OF DEATH (Enter on PART 1, DEATH WAS CAUSE)	DV		*	shda7 Turan				ONSET AND DEATH
		· IMMEDIA						acute, with	1	
		Conditions, if any, which gave)	DUE TO, OR	AS A CONSEQUENCE OF		al	bscess	formation.		
l		rise to immediate cause (a), ((b)	AS A CONSEQUENCE OF			 -			
I		stating the underlying cause (10, UK	AS A CONSEQUENCE OF						
		PART 2 OTHER SIGNIFICANT COM	DITIONS CONTRIBI	JTING TO DEATH BUT N	OT RELATE	TO THE TERMINAL DIS	FASE OR CONDIT	ION GIVEN IN PART 1(a)		
l		4 , 2						(1)		
ı	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WI	HICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?			DINGS CONSIDERED IN	CERTIFYING
	TIFIC					YES TOX	NO 🗀	CAUSES OF DEATH?	2.5	
l		21a. ACCIDENT WAS UNDERLYIN			210		ED (Enter notu	re of injury in Port 1 or		
ĺ	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. ner) P.M.		9					
ĺ	ME	21d. INJURY OCCURRED 21e.		(AT HOME FARM, STREET, FAI OFFICE BUILDING, ETC.	(TORY.) 21f	LOCATION Street or	R.F.D. Na.	City or Town	County	State
ŀ		at work at work								
		22a. I certify that 🙀 (th	s haspital) att	tended the deceas	ed fram.	Sept. 2,	., 1968	, to_Oct8	, 19 <u>.68</u> , tha	t xtx (we)
ı		22a. I certify that (the saw the deceased a causes stated above	live an Oct	** Kris N view the	body off	and that in (my) (a	aur) apınian	death accurred an	the date and hovi	and fram
l		22b. SIGNATURE	, Me) (we) (did)	Taraster) tren me	bady an	or dourn.			22c. DATE SIGNED	
ı		(·V)	-Alle		D	ATTENDING EGREE PHYS.	☐ MED DIRECTO	OR STAFF	Oct. 9,	1968
ı		22d. PHYSICIAN'S				22e ADDRESS				
		NAME (Type) V.	Charles	, M. D.		Prince	George	's General		
	23a	BURIAL, CREMATION, 23b	DATE	23c NAME OF	CEMETERY	OR CREMATORY	23d	LOCATION (City or Tow	m) (County)	Magy a
		REMOVAL (Specify) Burial Oct	12, 196	8 Holy	Sepu	1 chre Ceme	tery To	towa-Boro		N J.
	24.	FUNERAL DIRECTOR		ADDRESS		2Sa	. REC'D BY REG	ISTRAR 2Sb. REGI	ISTRAR'S SIGNATURE	
١		F. Gasc	h's Sons	llyattsv	riile	, Mad.	TEUUI I	4 1968 20	Charles Ja	der.



ADDRESS

William A. Parker, Assoc. Administrator

250. REC'D BY REGISTRAR DATE OCT 2 9

TO HOSPITAL OR ATTENDING PHYSICIAN:
Poge 4 may be retained by the haspital or
TO FUNERAL DIRECTOR: After this certificate director, po should be f 30M REV

24. FUNERAL DIRECTOR

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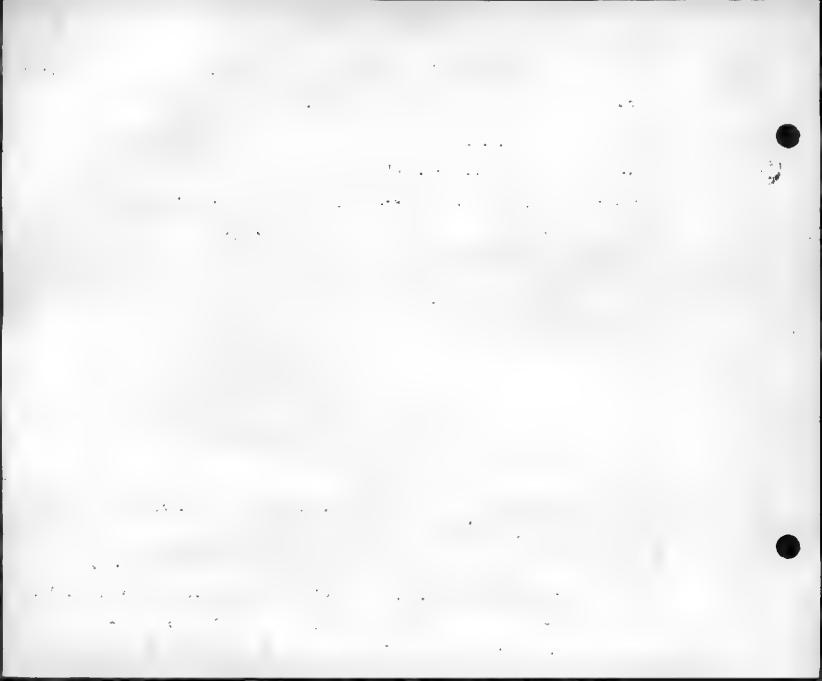
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TO FUNERAL DIRECTOR: After this certificate director, p

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the attending physician sit permit. Then please

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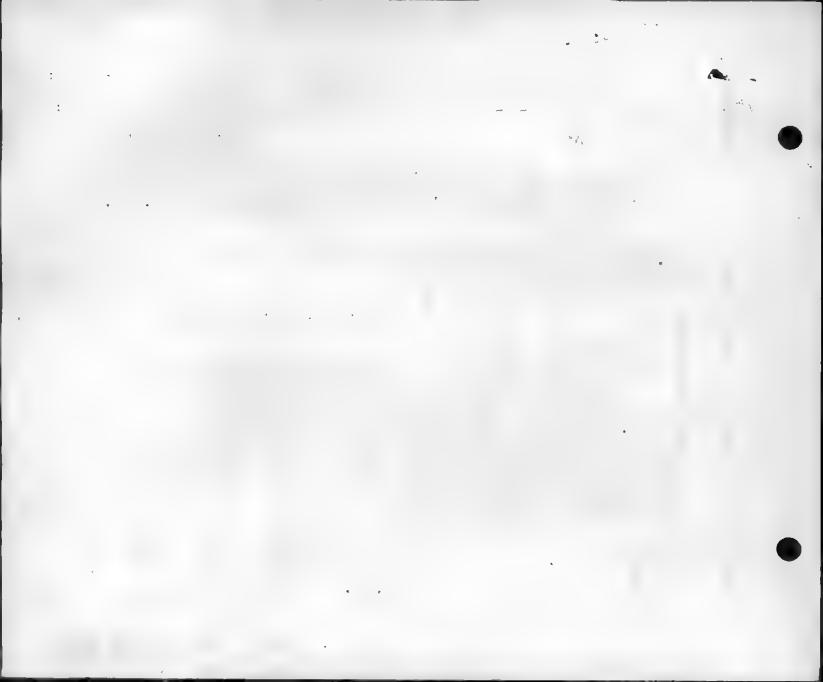
be retained

FUNERAL DIRECTOL

Parker, Assoc.

2So. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE

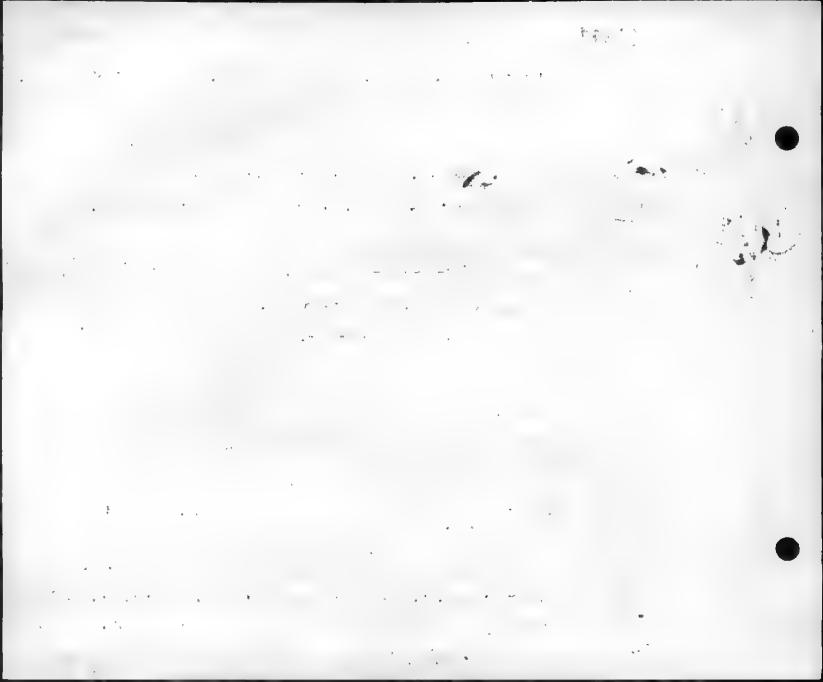






MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14919 14910 CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle Last 20. DATE-OF DEATH deoth. 2b. HOUR within 4 hours after death the funerof (Type or print) 4ELEN MERSON Pages 1 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR F JINDER 24 HRS last birthday) HOURS 6 al YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT **COUNTRY?** 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) Alled In WIDOWED DA DIVORCED 10. CITY OR JOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work days 12b KIND OF BUSINESS OR during most of working life, even if setired give street address INDUSTRA mpletely use 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before Y OR TOWN 13d. INSIDE CITY LIMITS? 3e STREET AND NUMBER remures that the death certificate be executed odmission) STATE 13b COUNTY remove g and in any 14 FATHER S'NAME IS MOTHERS MAIDEN NAME Middle puo Last Lost signed by the attending physician buriof-transit permit. Then pleas 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address (It yes give wor opdotes of service) Yes, no, or unknown) buriol, cremotian, or removal, IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART | DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH 46 IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove 125C rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF by the hospitol or attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **IO FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING OR ATTENDING PHYSICIAN: The CAUSES OF DEATH? YES 🗍 NO 🗀 21g ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, notify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21F LOCATION Street of R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY City or Town County Stote While Not while at work 22a. I certify that (I) (the hospital) attended the deceased from Jow , 19 7, ta very 1928, that (I) (we) lost saw the deceased alive on 30 1900, and that in (my) (our) opinion death occurred on the date and hour and from the be retoined couses stated obave, (1) (we) (did) (did nat) view the body after deoth. 22b. SIGNATURE 22c DATE SIGNED ATTENDING STAFF DEGREE PHYS DIRECTOR PHYS Poge 4 moy 22d. PHYSICIAN'S 22a. ADDRESS NAME (Type) BRO ARNUL 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b DATE 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) FUNERAL DIRECTOR 2Sa REC'D BY REGISTRAR 24 ADDRE 25b REGISTRAR'S SIGNATURE VR A15 (4) 1968 30M REV 1/68





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1731		(ERTIFI	CATE OF	DEATH		1492	32
DECEASED-NAME	First	Middle		Last		2a. DATE OF DEATH	D- V	2b. HOUR
Type or print)	Eunice	Catheri	ne	Millw	700d	Oct. 17,	, 1968 ^{Year}	1:30 PM
SEX	4. RACE			S. DATE OF B	IRTH	6. AGE (In year	TS IF UNDER I YEAR	IF UNOER 24 HRS. HOURS MIN.
				8/	27/07	61	YRS.	HUUKS MM.
			8 MARRIED	NEVER MAR	RIED 9	COUNTY OF DEATH		
South Ca					4			Md
CITY OR TOWN OF DEAT			HOITUTES (H	nat in haspital			done 12b_KIND OF	BUSINESS OR
Cheverly	P:	rince Georg	e's G	eneral				le
USUAL RESIDENCE (Whe	re deceased lived, if institu							
Name N	d Pro	ieo					place	
		Last	t				dle	Last
					Mettie	Pettie		
			123		W 1			
no		247-07-62	30 lvd	ppert o	riead	nyattsville		
18. CAUSE OF DEATH	(Enter any one cause per	line for (a), (b), and (ϵ).)	Bila	teral p	urulent	Tracheobrone	hitis BETWEEN O	MATÉ INTERVAL NSET ANO DEATH
PART I. DEATH W								
16					he righ	t lung with		
		wide-spread	meta	stasis.				
	g cause DUE TO, OR	AS A CONSEQUENCE OF	Gener	alized	Arterio	sclerosis ind	icated.	
last.	(c)	Cachexia.						
PART 2 OTHER SIGNIF	CANT CONDITIONS CONTRIB	EUTING TO DEATH BUT NO	T RELATED T	D THE TERMINA	L D SEASE OR COI	NDITION GIVEN IN PART I(a)		
1 1								
	1 19b. CONDITION FOR W	HICH OPERATION WAS PER	FORMED				INGS CONSIDERED IN CE	RTIFYING
B 1 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			21c. H	OW INJURY OCC	CURRED (Enter n	ature of injury in Part 1 or P	art 2, Item 18.)	
fit either, natify medic	al examiner) P.M.	. 19						
	21e. PLACE OF INJURY	(AT HOME, FARM, STREET, FACT OFFICE BUILDING ETC.	ORY.) 21f. L	OCATION Stree	et ar R.F.D. No.	City ar Tawn	County	State
at wark at wark								
22o. I certify tho	(I) (this hospital) at	tended the decease	d from_	9/26	, 19_68	3_, to10/17	, 19 <u>68</u> , that	(I) (we) lost
sow the deci	osea alive on) (did not) view the h	ody ofter	a thot in (m death	A) (ont) obiui	on deoth occurred on the	he dote and hour	and from the
22b. SIGNATURE	1.	A	- OII OII OI				22c. DATE SIGNED	<u>.</u>
	1-11-01	uar_	DEG	REE PHYS	NG MEL	ECTOR STAFF		
				22e ADD		, , , ,		_
22d. PHYSICIAN'S				000				
	r. Ohannes S	Sahakyan		000		er Rd.,Chever	ly,Md. 207	85
NAME (Type) D	23b. DATE	23c. NAME OF C		6001	Landov	23d. LOCATION (City or Tawn		(State)
NAME (Type) D	23b. DATE			6001	Landov	23d. LOCATION (City or Town Clifton		
	Female BIRTHPLACE (State or for intry) South Ca CITY OR TOWN OF DEATH Cheverly USUAL RESIDENCE (When inssion) STATE WAS DECEASED EVER IN Yes, no, or unknown) 18. CAUSE OF DEATH PART I. DEATH WAS UNIT OF THE SIGNIFITY O	Ex Female Ca BIRTHPLACE (State or foreign Intry) South Carolina U S A CITY OR TOWN OF DEATH CBEVERLY USUAL RESIDENCE (Where deceased lived, If instit In	EVALUE OF PRINTED BIRTHPLACE (State or foreign Intry) South Carolina U S A CITY OR TOWN OF DEATH CBEVERLY USUAL RESIDENCE (Where deceased lived, if institution Residence before Prince George Insistion) STATE WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) IMMEDIATE CAUSE (a) BIRTHPLACE (State or foreign Intry) TO GEO FATHER S NAME First Middle Childers Childers Childers Was DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) IMMEDIATE CAUSE (a) BIRTHPLACE (Where deceased lived, if institution Residence before Insisting Interpretation of Service) To Geo FATHER S NAME First Middle Contry Pro Geo A Childers Childers 16b SOCIAL SECURITY NO 247-07-629 16c SOCIAL SECURITY NO 247-07-629 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) BUE TO, OR AS A CONSEQUENCE OF Canditions, if only, which gave rise to immediate cause (a), stating the underlying cause (b) Wide—spread US TO, OR AS A CONSEQUENCE OF ORTH OF INJURY HOUR AM. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CHARMS (ALIVER) TO GEO TO GROW AS A CONSEQUENCE OF INJURY AT HOME, FARM, STREET, FACT OF INJURY (AT HOME, FARM, STREET, FACT OF INJURY	FERRED FIRST Middle EX Female BIRTHPLACE (State or foreign Inity) South Carolina U S A CITY OR TOWN OF DEATH CHEVERLY USUAL RESIDENCE (Where deceased lived, if institution Residence before Inscion) STATE Muldle Progeo IN WAS DECEASED EVER IN U.S. ARMED FORCES? IN WAS DECEASED EVER IN U.S. ARMED FORCES. IN WAS DECEAS	ECEASED-NAME Type or print) Eunice Catherine Millw Ex 4. RACE Caucasian 8/ MARRIED NEVER MAR FIRST Female Caucasian 8/ MARRIED NEVER MAR WIDOWED DIVOI CITY OR TOWN OF DEATH CITY OR TOWN OF DEATH CEVERLY USUAL RESIDENCE (Where deceased lived, if institution Residence before list CITY OR TOWN lyattsville FATHERS NAME First Middle Childers NAMS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) ROBERT (If yes give with orders of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Bilateral part I DEATH (whice power with down is at a immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF Cancer of the continuence of the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 210. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING 211. INJURY OCCURRED While Not while 212. PLACE OF INJURY Conditions for (b), this hospitol) ottended the deceased from 9/26. 220. I certify thot (I) (this hospitol) ottended the deceased from 222. SIGNATURE ATRINIUR ATRI	Eunice Catherine Millwood	REASED-NAME Type or print Eunice Catherine Millwood Oct. 17,	RECASED-NAME Type or pnnnt Eunice Catherine Millwood Cotherine Millwood Cotherine Millwood Cotherine Millwood Cotherine Catherine Millwood Cotherine Cotherine Millwood Cotherine Cotherine Cotherine Cotherine Catherine Millwood Cotherine Cother

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compresely filled in by the Moetal director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages Food should be filed with the State Dept of Health prior to burial, crematian, ar remayal, and in any eyent, within 72 hours after death. VR A15 (4) 30M REV. 1/68

othin 24 hours after-death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

Page 4 may be retained by the hospital or attending physician.

1491

1. DECEASED-NAME (Type or print)

3. SEX

be executed within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	14379		CERT	TIFICATE OF D	EATH		1	492	3
	SED-NAME First		Middle	Lost	20	DATE OF DEATH			2b. HOUR
(Type	ar print) Jol	hn		Moniz		Oct. Mont	16, ^D ¶96	8 Year	10 A.M
3. SEX		4 RACE		5. DATE OF BIRT		6 AGE (HS DAYS	IF UNDER 24 HRS. HOURS Mile
M	ale	Caucas	lan	March	8 191	4 lost 531	YRS.	N3 DA13	HOURS MIN
		7b. CITIZEN OF WHAT	COUNTRY? 8. MA	RRIED NEVER MARRI	ED 9 CC	DUNTY OF DEATH			
country)	New York	USA		OWED DIVORC	Pr:	ince Geor			Md
10. CITY	OR TOWN OF DEATH	11. NAMI	E OF HOSPITAL OR INSTITUTION	DN (If nat in haspital	120 USUAL OC	CUPATION (Kind of	wark done 12		BUSINESS OR
	everly		et oddress) nce Geo.Gen'					Lvage	Co
130. USU admissio	JAL RESIDENCE (Where decease n) _STATE_	d lived, if institution			HES NO	13e. STREET AND			
	W York	<u> </u>		oktyn		728_Lef	fets St.		
14. FATH	IER'S NAME First	Middle	Lost	15. MOTHER'S MAIL		Pachio	Middle		Last
24 144	S DECEASED EVER IN U.S. ARM	el Moniz	56 SOCIAL SECURITY NO.	17 INFORMANT	ungerrno	t - delize	Address		
		ir or dates of service)		Hospital	nononde	Chen	verly, Me	a	
			052 12 0393	nospital	recorus	Offer	CILITY		NATE INTERVAL
18.	PART I. DEATH WAS CAUSED	y ane couse per line 8Y	for (o), (b), ond (c))	Con di	Ta	lma	0.	BETWEEN ON	ISET AND DEATH
		TE CAUSE (o)	Cecure	Cause	0 14	mpona	acc .		
So.	nditions, if ony, which gove)	DUE TO, OR AS	A CONSEQUENCE OF	t. m.	Inca.	aio de	tarctur	, ,	
	e to immediate cause (a),	(b)		we in	you a	are or			
sto fas	ting the underlying cause	DUE 10, OR AS	A CONSEQUENCE OF	in Our	tu. H	ent De	vola.		
	ART 2. OTHER SIGNIFICANT CON	(C)	IG TO DEATH BUT NOT PE	ATED TO THE TERM NAI	DISEASE OPCOND	TION GIVEN IN PART	1(a)		
16	- ,	DATIONS CONTRIBUTION	IO IO DEATH OUT NOT KED	ALLO TO THE TERMINAL	DIJERJE OKCOMU	THE PART OF THE PART	,(0)		
E 190	D. DATE OF OPERATION 19b. (ONDITION FOR WHICH	OPERATION WAS PERFORM	ED 20a AUTOP	SY?	20b. IF YES, WERI	FINDINGS CONSID	DERED IN CE	RTIFYING
CERTIFICATION 13/10/10/10/10/10/10/10/10/10/10/10/10/10/				YES	NO V	CAUSES OF DEATH	?		
	o. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCU		ure of injury in Port	1 or Port 2, Item	18.)	-
	OR CONTRIBUTING CAUSE OF DEATH either, notify medical examin		Manth Doy Year		tage				
E 21	A MILLIDY OCCUPATED 216		HOME, FARM, STREET, FACTORY.)	21f. LOCATION Street	ar R F.D Na.	City or Town	Co	iunty	Stote
I I I I I	work of wark								
22	?o. I certify that 強 (thi	s hospitol) otten	ded the deceased fro	m Oct. 1	0_, 19_68	, to Oct.	16, 1968	, that	(4) (we) last
	saw the deceased al couses stated abave	ive on Oct	16 19 68	3_, and that ins[頂映 after death) (our) opinior	n deoth occurred	on the dote o	nd hour o	and from the
22	b SIGNATURE	, gg (we) (did) je	ADSCORT) VIEW ITTE DOUGY	uller dealli.			22c DATE		
"	7/	OUIAU	dno)	DEGREE PHYS.	☐ MED DIRECT	TOR STAFF	M 10	116/0	P
220	d. PHYSICIAN'S	Till		22e. ADDR		0 0 - 1	6	1. 0	trace
F	NAME (Type)	1. Here	MANDEZ. N	41)	PRINC	C 600.	gen h	105/20	OHL
	JRIAL, CREMATION, 23b E	DATE	23c NAME OF CEMETI	ERY OR CREMATORY		d LOCATION (City of		ounty)	(State)
RE	MUNITER (Y) Oct	19, 1968	Pine Lawr	1 Cemetery		ong Islan	d Queen	s N	Y
24. FUN	NERAL DIRECTOR	. 52	ADDRESS	24.3	So. REC'D BY RE	GISTRAR 25b.	REGISTRAR'S SIGN		
	F. Gasch	's Sons	Hyattsville,	MQ.	DATE OCT 2	1 1968	Clearly	in you	4

VR A15 (4) 30M REV 1/68

to FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban pape shauld be filled with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 7.

OR ATTENDING PHYSICIAN: I'll faw requims that the "leat" certificate

Page 4 may be retained by the haspital ar attending physician.





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4 / 095

13219			CERTIF	CATE OF DEAT	TH			1434	· ·	
. DECEASED-NAME (Type or print)	First Maude	Middle C -		lost Moo re	20.	October	13.	1968	2ь ноик 8:25	
Female	4. RACE	White		S. DATE OF BIRTH June 28,	1891	6. AGE (In yeo last birthaoγ)		UNDER I YEAR NTHS DAYS	IF UNDER 24 HRS	
BIRTHPLACE (State or unit)	fareign 7b. CITIZEN U.S.	OF WHAT COUNTRY?	B. MARRIEI WIDOWE	D NEVER MARRIED DIVORCED DIVORCED		NTY OF DEATH Ince George	28			
Glenn Dal	****	give street odd@len	tinstitution(ii n Dale	Hospital duri		DPATION (Kind of work		126 KIND OF E	BUSINESS OR	
o USUAL RESIDENCE (W missipn) STATE	here deceosed lived, if it			ngton YES	NO NO	13e STREET AND NUMB		ace S.	E.	
FATHER S NAME	First Mid		*	IS MOTHER'S MAIDEN NA	AME First	M.d	ldle		Last	
	liam	Couch			lizab	eth		Bruf	fy	
60. WAS DECEASED EVER Yes, no. or unknown) NO	IN U.S. ARMED FORCES?	16b. SOCIAL SECUR 577-10-		. INFORMANT Decedent		Add	ress		AATE INTERVA	
PART I DEATH	mali	lity 3 yrs.								
	DUE TO CONSTRUCT ONS CON CONSTRUCT ONS	OR AS A CONSEQUENCE	^{OF} d arter	lar accider iosclerosis TO THE TERMINAL DISEAS CUTE OF FISH	3		Mecl	yea	rs	
traction. 190 DATE OF OPERAT	ON 19b CONDITION FO	OR WHICH OPERATION WAS	S PERFORMED	20a. AUTOPSY?	10 🔀	20b. IF YES, WERE FIND CAUSES OF DEATH?	OINGS CONS	IDERED IN CE	RTIFYING	
OR CONTRIBUTING [CAUSE OF DEATH HOUR dicol examiner)	P.M.	eor	HOW INJURY OCCURRED	•	, ,				
While Not while	· 🗆	OFFICE BUILDING, ETC		LOCATION Street or R.F.		City or Town		aunty.	Stote	
22a certify that (* (this hospital) ottended the deceased fram 8/3/, 19_66, to 10/13/, 19_68 saw the deceased alive an 10/13/ 19_68, and that in (aux) (aur) apinion death occurred on the date and causes stated abave, (*) (we) (did) (***EAS) view the body after death.										
22b SIGNATURE	lling we	in	DE	GREE PHYS.	MED DIRECTOR	STAFF PHYS.		E SIGNED 13/196	8	
22d PHYSICIAN'S NAME (Type)	Moe Weiss,	M.D.				ale Hospita ale, Maryla				
30 BUR AL, CREMATION,	23b DATE	1968 23c NAME	OF CEMETERY C	OR CREMATORY		OCATION (City or Town	1) (Sourty)	(Stote)	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campistaly filed in by the fuheraly director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 hours after death. ATHINDING MAYSICAN; The law requires that the Leath certificate be executed Page 4 may be retained by the hospital or attending physician. TO MUSPITAL OF

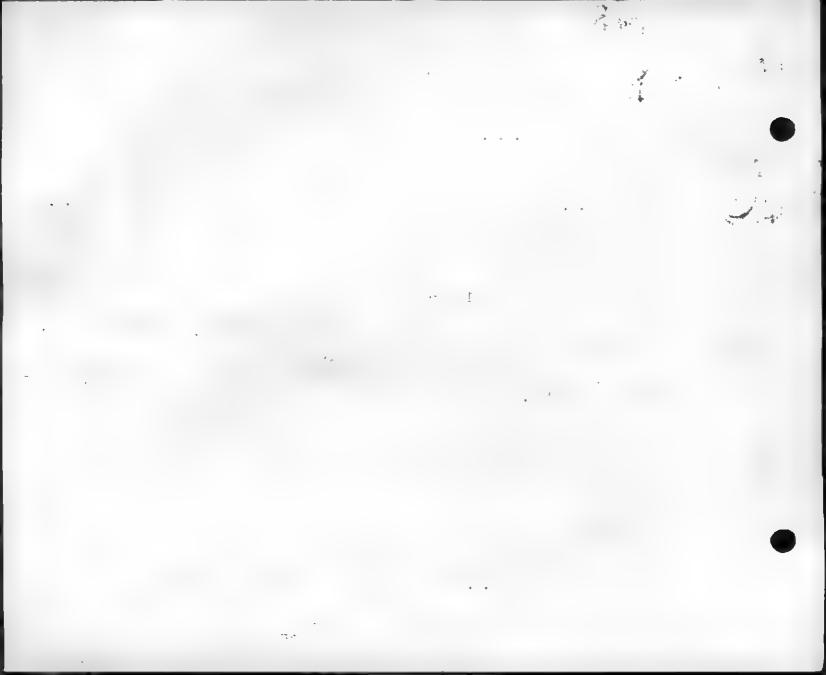
arban papers Pages I and 2

within

VR A15 4 4

1968 EXECO BY REGISTRAR
OCT 1 5

REGISTRAR'S SIGNATURE



m	5	FilmG405	CERTIFICATE OF DEA	TH	1	4926		
		Middle	Lost	2o. DATE OF DEATH			2b.	H
				Manth _ [Doy	Year .	L	

1. DECEASED-NAME	First		Middle		Lost		2a. DATE C					2b.	Hour
(Type or print)	Dela				Morela	nd	0.	Manth CE	5 Doy	1	^{rear} 68	7.6	OPM
3. SEX	2020	4. RACE			S. DATE OF BIR			A AGE (In	yeors	# JNDER	I YEAR	IF UNDER	
Female			lauc.		12-1	9-1892	1891	tost berthe	oy) 6 YRS.	MONTHS	DAYS	HOURS	MIN.
70 BIRTHPLACE (Stote or for	eign 7	b. Citizen of Wi	IAT COUNTRY?	8 MARRIES	NEVER MARR	iED[]	9 COUNTY O						
country Maryland		USA		WIDOWE			Princ	e Geor	gês				Md.
10. CITY OR TOWN OF DEATH Cheverly		give s	ME OF HOSPITAL OR IN treet oddress) Lnce Georg	,		during me		N (Kind of wo glife, even if TO		125 I INDU		BUSINESS	OR
13o. USUAL RESIDENCE (Whe	e deceased	lived, if institut	on. Residence before			3d. INSIDE CITY JI		TREET AND NU					
admission) STATE Md.		Prince	Georges	Capit	ol Hghts	YES NO	51:	3 61st	Aven	ue			
14 FATHER'S NAME FIRE	t	Middle	Last		15. MOTHER'S MAI	DEN NAME FI			Middle			Lost	
Els	roed-	- ?	Elsroed			U2	nknown						
160, WAS DECEASED EVER IN			16b. SOCIAL SECURITY		INFORMANT				Address			Fid.	_
Yes, na, ar unknawn)	it yes give wor	or dates of service)		I	rnest E.	More.	land	513-61	st Az	7e. (Capt	. H	gts.
18. CAUSE OF DEATH	(Enter anly	one couse per lir	e for (a), (b), and (c)	1.)	•					B	APPROXII	MATE INTERV	VAL SEATH
PART I. DEATH W	S CAUSED	BY E CAUSE (a)	Congestive	Hear	t Failur	e						WET 1440 0	454511
H X	IMMEDIAI	(-/	S A CONSEQUENCE OF								•		
Conditions, if any, whi			Pulmonary										
rise to immediate ca stoting the underlying			S A CONSEQUENCE OF										
last	toose		lassive Po		is Disht	Luna							
PART 2. OTHER SIGNIFI	CANT COND	ITIONS CONTRIBU	TING TO DEATH BUT N	IOT RELATED	TO THE TERMINAL	DISEASE ORC	ONDITION GIV	EN IN PART 1(a)				
4								,	•				
190 DATE OF OPERATION	19b. CC	ONDITION FOR WH	CH OPERATION WAS PE	RFORMED	20a. AUTOP	SY?	20b	IF YES, WERE F	INDINGS C	ONSIDERI	ED IN CE	RTIFYIN(3
DIFFIC					YES 🛄	NO 🗔	CAUS	ES OF DEATH?					
210. ACCIDENT WAS U	NDERLYING	216 TIME OF	INJURY	21c.	HOW INJURY OCCU	JRRED (Enter	noture of in	ury in Port 1	or Port 2,	Item 18.))		
OR CONTRIBUTING CA		HOUR A.M.	Month Doy Year										
≥ 21d. INJURY OCCURRED			AT HOME, FARM, STREET, FA		LOCATION Street	or R.F.D. No.	Cit	ly or Town		Count	٧	S	itote
While Nat while of work			OFFICE BUILDING, ETC.	/				,			,		
22a. I certify that		sharonikaki atte	ended the decens	ed from	Sent 7	. 19	68. ta	Oct 5	19	68	. that	(1) -600	e) last
saw the dece	ased ali	ve an Oct	5	19 <u>. 68</u> a	nd thất in (my) (our) opii	nian death	accurred o	n the do	te and	hour	and fro	m the
	abave,	(I) (we) (did),	did not) view the	bady after	r death.								
226 SIGNATURE	lici	m C	Bran	م سالا	ATTENDING PHYS	M M	IED.	STAFF C] 224	DATE SIG	NED -	161	
22d. PHYSICIAN'S NAME (Type)	114	BA	RAINI	n	22e ADDR		tral 1	fre, (ale	Tot.	Hz.	R)	k/
23a. BURIAL, CREMATION,	23b D/	ATE	23c. NAME OF	CEMFTERY O	R CREMATORY		23d LOCAT	ION (City as To	awn)	(Caun	ty)V	(Stote)
REMOVAL (Specify)		9-68			11 Comet	Canti		itland		Dan	0	7	v a
24 FUNERAL DIRECTOR			ADDDEE			2Sa. REC'D B	Y REGISTRAR	25b. RE	GISTRAR'S	SIGNATU	JRE C		4C
Wilhelm F	unera	l Home	4308 Sui	tland	. Kd.	DATO CT	1 1 19	68 2	Clion	las!	Jugar	41	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and sompletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please Temave carbon papers ages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 hauts after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

VR A15 NO 30M REV



14917 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

140	7.4	MEDI	CAL EXAMI	INER'S	CERTIFICAT	E OF DI	EATH		1	492	27	
1 DECEASED-N. (Type or Pri		First	Middle	}	Lost			20. DATE KNOWN	Month	Doy	Yeor	2b. нОUR
(.,,,	Su	zanne	Lea		Morris			DEATH MATED EX	10-3	-68	19].C	:00ar
3 SEX	4. RACE	S. DATE OF B	IRTH	& AGE (In year	MONTHS GAY		24 HRS.	2c. DATE PRONOUNCED	DEAD			2d HOJE
Femal					K1 .			TO	Day	680	1912:	45pm
	(State or foreign	76 CITIZEN OF V		B. N	MARRIED 🔀 NEVER .	MARRIED 🗍	9. COL	INTY OF DEATH				
country) V	ermont	US				IVORCED [Pr	ince George	e's			M
10. CITY OR TO		pive	NAME OF HOSP TAL				JSUAL Of	CCUPATION (Kind of working) felleven if r	rk done	126 KIND INDESTRY		NESS OR
Bowi		eceosed lived, if inst	Ol4 Croyd	ion Lai	ne	Tial inside city		lousewife	1	ho	me	
Marvi		Prince	George !	1		YES 🕡		130. STREET AND NUME		T		
14. FATHER S N.		Midd		lost	IS MOTHER S J	24.		4014 Cro		Lane		
IN TATIEN 3 IN			ie	1031			Ders		ole		Lost	
Ma was peerl	SED EVER IN U.S. ARM	s Coleman	12(1 406))) 466	nime tie			pers					
Yes, no, or u		s give war or dates of service)	16b. SOCIAL SECUI	KIIY NU.	Lawrence	e W Mo	rris	Bowie, l	s Md.			
18. CAU	SE OF DEATH (Enfe	r only one couse per	line for (o), (b), on	id (c))							PROXIMATE	
	BY I BERTH WHICK				wounds of	ches	t.			M	EEN ONSET	AND DEATH
3	1(4).	(, -	R AS A CONSEQUEN							1/1		
	ns, if ony, which go	ve)	And multi		eceration	o of	noole			M		1 -
	nmediate couse (d he underlying cou	7.	R AS A CONSEQUEN		300140201	10 01 1	HOOK			1	Z. John	4
last.	ne underlying cou	(c)										
PART 2 0	THER SIGNIFICANT C	ONDITIONS CONTRIBL	TING TO DEATH BUT	NOT RELATE	D TO THE TERMINA	DISEASE OR	CONDITIC	N GIVEN IN PART 1(0)				
× 161	A											
₩ 190. DATE	OF OPERATION		19b CONDITION I		PERATION					20	AUTOPSY	?
≝			WAS PERFOI	RMED?						1	YES 5	NO 📑
₩ 210 EXTE	RNAL CAUSE WAS	2Ab JIME C	F INJURY Month, Do	y, Yeor	21c HOW INJURY	OCCURRED (E	nter notu	re of injury in Port 1 or	Port 2, Ite		(846)	
210 EXTE PRIMARY CAUSE O	' 🔀 OR CONTRIBUTU F DEATH	10:00	Dam 10-3-	- 19 68	Attacked	l by a	ssai	lant.				
₹ 21d INJU		THE PLACE OF NURY	(At home, form, str		21f LOCATION Stre			(ity or Town		County		Stote
WHILE AT WORK	AT WORK	foctory, office build home	ing, etc.)		Same as	#13						
22	a. I certify tha	t I taak charge af	the remains des	cribed aba			Ins	spection 🔀 📗 Inq	UITY .	, and	d in m	y apinia
	th resulted fron	_	~	ident 💋,	Suicide .			1	, , – ,		a 117 141	, apmo
			1/9	1/	~ (HIEF MEDICAL	EXAMINI	ER 🔲				
ACTUAL SIGNATI		phi	1/1	10	111	SSISTANT MED			22b. DATE S			
EXAMIN NAME (Kehoe MD	Riverd	ale.		EPUTY MEDIC DDRESS(Stree		MER 🔀	10.	<u>-4-6</u>	8	
23o. BURIAL, C	REMAJIDN,	23b. DATE	23c NAM	E OF CEMETER	RY DR CREMATORY		23d	LOCAT ON (City or Tow	n)	(County)	121	ote)
REMOVAL	(Specify)	Oct 6, 19	1		le Cemete	ry	1 -	anby	,		nont	
24. FUNERAL I				ADDRESS		2So REC		G STRAR 256 REG	STRAR S SI	IGNATURE	-	
	F. Gas	sch's cons	Hyatts	ville,	Md.	DATE O	CT	8 1968 @	Char	elas (locale	LE.

VR A15ME (5) 10M REV. 1768

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within 24 hours after

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the flu director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages I shauld be filed with the State Dept, af Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

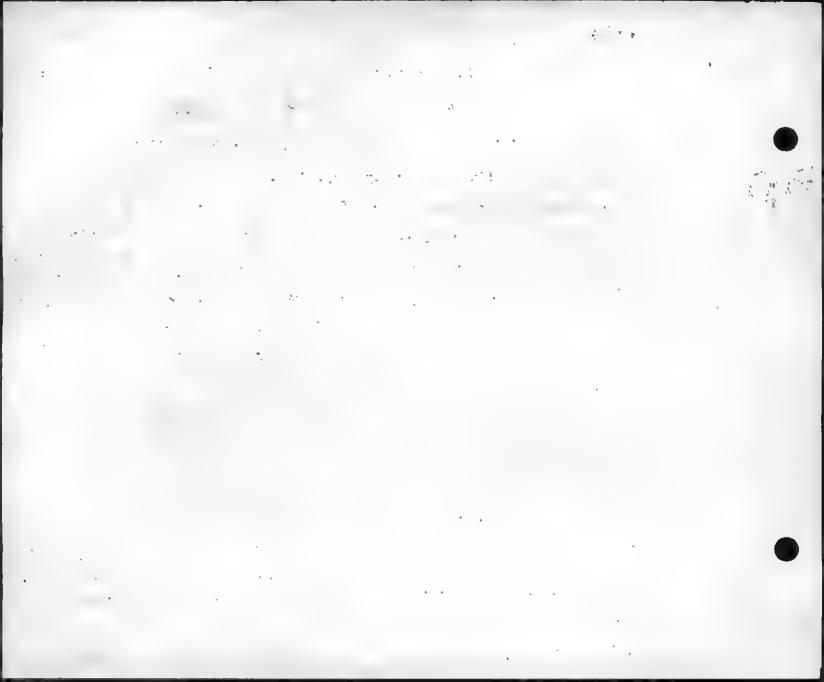
Page 4 may be retained by the hospital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

41000

14	913			CERTIF	ICATE OF	DEATH			1434	6	
I. DECEASED-NAME	First		Middle		Last	20	DATE OF DEATH			2b H0	UR
(Type or print)	Mary		M. Mu	rphy			10 Month	6 Do	Y 68 Year	6:1	.5 M
3 SEX Female		4. RACE	white		S. DATE OF B		6 AGE (In	years Haday) Zerrs.	MONTHS OAYS	HOURS	MIN
70 BIRTHPLACE (Sto		U.S.	WHAT COUNTRY?	8 MARRII WIDOWI	ED X NEVER MAI	KIED	ringe Geo	rges			Md
O CITY OR TOWN C	on	giv	NAME OF HOSPITAL OR IN e street address) Linton Count	unity	Hosp.	12a. USUAL OC during most of	CUPATION (Kind of v work ng life, even	vork dane	12b, KIND OF INDOSTRY	BUSINESSO	R _
130. USUAL RESIDEN admissian) STATE	(E (Where deceose	13b COUNTY	Charles	1	or town	YES NO NO	Rt. 3 I	1	38		
14 FATHER'S NAME	First	Middle			IS MOTHER'S M	AIDEN NAME First	~	Middle		Lost	
	Daniel		Bridget			Mary	7 Jul		Murphy		
160. WAS DECEASED Yes, no, or unkno	EVER IN U.S. ARME	D FORCES?	7-42-45		7 INFORMANT Mary Li	llian Buc	kler/pa_	Address (5439 Liv	ingst	con
	DEATH (Enter only EATH WAS CAUSED	ane couse per BY:	line for (a), (b), and (c)	1			FAILL		I BETWEEN C	inset and dea	.TH
rise to immed	oný, which gave) liote couse (a),(DUE TO, 01 (b)	R AS A CONSEQUENCE OF	GE.	v. 93	CTEV.	OSCLE				
last.		(c)	R AS A CONSEQUENCE OF	ملاك			ELLITT				
1 hr-		OUTIONS CONTRI	BUTING TO DEATH BUT N			L DISEASE OR CONDI	TION GIVEN IN PART	1(a)			
19a DATE OF O			WHICH OPERATION WAS PE	RFORMED	20a. AUTO YES		20b IF YES, WERE CAUSES OF DEATH		CONSIDERED IN C	RTIFYING	
□ OR CONTR/BUT	WAS UNDERLYING NG □ CAUSE OF DEATH Ty medical examine	HOUR A.A			. HOW INJURY OC	CURRED (Enter note	are of injury in Part	or Part 2,	Item 18.)		
While No	wark		AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.				City ar Tawn		County	Sta	
22o. 1 certi sow the cause	fy that (1) (this ne deceased oli stated above,	haspital) a ve on_10, (I) (we)(dia	ttended the deceos 16/68 d) (did not) view the	ed from. 19, body oft	9/5 and that in (m er deoth.	, 19 <u>68</u> ıy) (our) opinior	, to 10/6 death occurred	on the d	ote and hour	(I) (we) and from	las 1 the
22b SJENATUR	eru e	C4 . A	nupe	MA	EGREE PHYS.	DIRECT	OR THYS		DATE SIGNED		
22d. PHYSICIA NAME (Ty		W. Mer	kle, M.D.		22e ADI		on Commun				2•
230 BURIAL, CREMI REMOVAL (Spe	(yty) /0	ATE - 9-6	8/ 57/6	TER	OR CREMATORY	23.	E LOCATION (City or	Town)	(County)	(State)	12
24 FUNERAL DIREC	+ fulled	al fo	ADDRESS WILL	Ilder	2-12 mex	2Sa REC'D BY REC DATE OC	1 4 1968		s signature	and the same	



Quillie

10-23-68 daling to Hating Cur. arlington, Vinginia

Poge P.M3.

with form Poges

14920

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14930

MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
	HOUR
(Type or Print) Minnie Newton OF ESTI- DEATH MATED 10-16-68 192:15	M energ
3 SEX 4. RACE S DATE OF BIRTH 6 AGE (in years if LHOER 1 YEAR IF JHOUR 24 HRS 2c DATE PRONOUNCED DEAD 2d	HOUR
Female White 10-25-1878 89 YRS DAYS HOURS MIN Month Day 7eor 10 16 68 19 2:30	M one st
70 BIRTHPLACE (Stote or foreign 75 GT. ZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	10111
Country) Pennsylvania U.S.A. WIDOWED DIVORCED Prince George's	Md
ID. CFTY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospita. 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS	OR
Hyattsville Hyattsville Nursing home Homemaker (NDUSTRY	
130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c UTY OR TOWN 13d INSIDE CTV JM-TS? 13e. STREET AND NUMBER	
odmissipplistrict of Columbia Washington YES NO 5521 Colorade Ave. N.W.	
14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost	
W. C. Gardner Unobtainable	
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECUR TY NO. 17. INFORMANT ADDRESS	
(Yes, no, or unknown) (Hyes give wor or dates of service) 578-60-9266 Marion L. Boat-7520 17th St.N.W.	
18. CAUSE OF DEATH (Enter only one couse net line for (a) (b) and (c)) Washington.DC APPROX.MATE INVEST.	
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Malnutrition over 1 mo	
DUE TO, OR AS A CONSEQUENCE OF Anorexia. Over 1 mo	
Conditions, if only, which gove) Thom Generalized anteniosed orosis	•
rise to immediate cause (a), (D) T Control Center 2 1220 (
lost.	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE VERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
= 4500 Fracture of right hip - 8-26-68	
196 CONDITION FOR WHICH OPERATION 2D. AUTOPSY?	
₩AS PERFORMED?	0 🔂
210 EXTERNAL CAUSE WAS 21b TIME OF NJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18)	
PR MARY OR CONTRIBUTING HOURA M. PM P.M. 8-26-19 68 Fell at Hyattsville Nursing Home [2] A NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street). 21f. LOCATION Street or R.F.D. Ng. Giver Town County	
	State
WHILE NOT WHILE WITHOUT HVattsville Nursing Home, 6500 Riggs Rd., Hyattsville, P.G. Co., M	d.
220. I certify that I took charge of the remains described above, held on Autopsy , inspection x, inquiry , and in my op	noinion
death resulted from: Notural Zouses , Accident , Suicide , Homicide . Undetermined monner	
CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE AND ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED	
EXAMINER'S DEPUTY MEDICAL EXAMINER 10-17-68	
NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street city, town, or county)	
230 BURIAL CREMATION, 23b DATE 23c NAME OF CREMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)	
Cremation 10/18/68 Ft. Lincoln Crematory Prince Georges Co. M	d.
24 FUNERAL DIRECTOR The S. H. Hines Company 256 RECD BY REGISTRAR 256 REGISTRAR 5 S GNATURE	
2901 14th St. N.W. Washington DC MCT 21 1968 Charles Judge	

VR A15ME (5) 10M REV. 1/68

5 may be retained for your files.

O FUNERAL DIRECTOR: Page 3 should be used as a burial-tronsit permit. File pages 1 and 2 with the State Ded

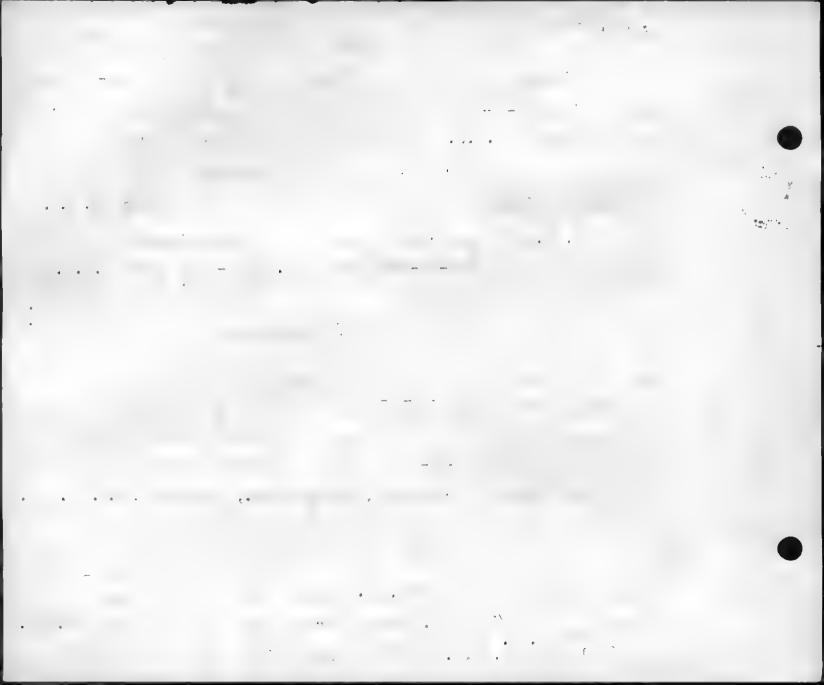
Health prior to burial, cremotion, or removal, and in any event within 72 hours after death.

necessary, please execute the certificate, writing the word "pending" in pencil in Item's Gur the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office along

This certificate should be executed within 24 haurs

DICAL EXAMINER:

TO DEPUTY



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14931 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2g. DATE OF DEATH 25 HOUR gud (Type or print) 4 RACE IF UNDER I YEAR 3. SEX 6. AGE (In years last birtheav HOURS 5-23-190 8. MARRIED T NEVER MARRIED U.SA Prince Georges WIDOWED DIVORCED 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital O CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR aive street address) PINE VIEW GAR PAduring most pi Home requires that the death certificate be executed with 13a, USJAL RESIDENCE (Where deceased lived, if institution, Residence before, 13c, CITY OR TOWN 13e STREET AND NUMBER (3d INSIDE CITY JIM:TS? 18th COUNTYCharles admission) STATE NO Y Md La Plata 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Last Edward Sizer Mattie Jackson 9600 Avenuel Rd. Silver 160. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT [It yes give war or doles of service] Yes, na. ar unknawn) Benjamin J. Nottingham-Son Spring 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c): PART I DEATH WAS CAUSED BY IMMED ATE CAUSE (a) 5 signed by the burial-transit p Canditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been as the 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? CAUSES OF DEATH? NO 🛣 YES 🗀 far use Health 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF CEATH HOUR A.M. the haspital Month Day Year (If either, natify medical examiner) PM detached 21d. INJURY OCCURRED 2.e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from 9 - , 19 08, ta 10/10/, 17 00, mai ti) (we) last the deceased from 19 Sund that in (my) (our) opinian death occurred on the date and haur and from the be retained causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE ATTENDING director, page 3 shauld be filed v DIRECTOR 22d. PHYSICIAN S 22e ADDRESS Clinton Maryland NAME (Type) 23c NAME OF CEMETERY OR CREMATORY
Ft. Lincoln Cemetery 23d. LOCATION (City or Town) (County) (Stote) Bladensburg, Maryland 23a BURIAL CREMATION 19/1968 是1944主要主 SUNFRAL DIRECTO VR A15 (4) > 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

y illed in Syrthe funeral on papers. Rages I and 2 within 72hab. Softer death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL HIMICTORY After this certificate has been signed by the allending physician and campletery filled in director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers should be filled with the State Dept. at Health priar to burial, crematian, ar remayal, and in any event, within 72h

30M REV 1

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14932

	1 DF	CEASED-NAME	First		Middle		Last		20. DATE OF	DEATH			1 2h	HOUR
		ype or print)	John		E.	Owe			Oct.	Month 2	Day190	68°		P.M.
	3. SE.	X		4. RACE			. DATE OF BIRT	н		6. AGE (In years	S IF UP	NOER 1 YEAR	IF UNDER	
		ale		Cauc	casian		March 2	9. 18	86	last bighdoy)	YRS. MONT	HS OAYS	HOURS	MIN
	70 B	SIRTHPLACE (State o	r farejgn [7	b CITIZEN OF WE	IAT COUNTRY?		NEVER MARRIE		COUNTY OF		180.			
	coun	Mary	//	21.	P1.	WIDOWED [Prince	George	a T s			Md.
	10. C	ITY OR TOWN OF D	EATH	11 N/	AME OF HOSPITAL OR INS	TITUTION (If real	ın hospital			(Kind of work d		2b KIND OF	BUS!NES!	
*		heverly			treet oddress) Lnce Geo.G			Ma	aden	ite, even if retir		ND JSTRY	us de	4
	13o	USUAL RESIDENCE (Where deceosed	Hived, if institute LIBN COUNTY	on: Residence befare	13c CITY OR T		L INSIDE CITY LIM		FET AND NUMBE				
		ssion) STATE aryland		Prince	George's	0xon	HILL	ES NO	_ 12000	Living		Rd.		
/	14. F	ATHER S NAME	First	Middle	Lost	15.	MOTHER S MAID	EN NAME Fire	st	M-do	ie		Last	,
		John		0.	Owens		Clina	rbel	L		1/2 5	Che	nol	2_
		es, go, or unknown)		or dates of service)	166 SOCIAL SECURITY N		FORMANT	_		Addre	ss	10.	/	
		110-			577-26-6	81 CM	reles A	· Owe	us M	oth Be	reh	ma		
		18. CAUSE OF DE	ATH (Enter only	one cause per in	ne for (a), (b), and (c).)							BETWEEN O	MATE INTER INSET AND I	
		PARI I. DEATI	H WAS CAUSED : IMMEDIATE	ST: CAUSE (a)	CARDIAC .	ons 2	ESPI RA	ropy	ARRES	Τ				
		7	1		S A CONSEQUENCE OF			1 1						
		Conditions, if ony, rise to immediate		(b)	Acrite Mil	o cardio	el in	asch n	ל					
		stating the under		DUE TO, OR A	S A CONSEQUENCE OF				1 1					
		last 7 7	,	(c) A	Irte ioscles						1			
					TING TO DEATH BUT NO		THE TERMINAL C	ISEASE OR CO	INDITION GIVEN	I IN PART 1(a)				
	NO		ti tion .			dofin	1							
)	CERTIFICATION	190. DATE OF OPERA	ATION 19b. CC	INDITION FOR WH	ICH OPERATION WAS PEI	RFORMED	20a. AUTOPS			YES, WERE FINDII OF DEATH?	NGS CONSID	XERED IN CE	RTIFYING	G
1	RTIF						YES 🗀	NO DE						
		21a. ACCIDENT WA		21b TIME OF HOUR A.M.		21c HO\	V INJURY OCCUR	RED (Enter)	noture of injur	y in Port 1 or Po	rt 2, Item	18.)		
-	MEDICAL	(If either, notify m	redicol examine											
	2	2 d INJURY OCCU While Not whi	RRED 21e. Pi	LACE OF INJURY	(AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.	21f. LOC	ATION Street o	or R.F.D. No.	City	ar Town	Ca	unty	2	State
		at work of war	k —	1 10 10 10		17	ont II	10.6	8 to 01	3 t 7	10.68	- 1	VPC /	2.4
		220. I certify	thot 🚯 (this	hospital) atte	ended the decease	od from2 968 and	that in heav)	(OUT) OOLD	ion death o	ccurred on th	, 19 <u>00</u>	, that	w) (۱)	e) lost
		causes st	oted abave,;	(t) (we) (did)	didnote view the	oody after de	eath.	(out) opin	non dearn o	cconed on m	e dule d	iid iiddi i	JIIG IIC)III IIIG
		22b. SIGNATURE	11.17				ATTENDING	□ ME	n	STAFF	22c. DATE			
-		7	aust.	ublily		DEGRE	PHYS	Dir	RECTOR -	PHYS XX	10	-3-	68	
,		22d PHYSICIAN'S NAME (Type)		-			22e. ADDRE					**		
1					tolila, M.			Geo.		lospital				
	230€	BURIAL CREMATION	1 1 .		23c NAME OF	EMETERY OR	REMATORY	- ,	23d LOCATIO	N (City or Town)	{(6)	ounty)	(State	1)
	1	uring.	10	-5-68		ingles	Halu	nel	Suit	Can By.	Der.		d.	
0	24.	FUNERAL DIRECTOR	1 1	, ,	ADDRESS	2.1-		SO REC'D BY		256/ ŘEGIST		AL Q		
M	11	V.W.	ambre	12/01 3	17-11-1	W - 10 -		AIE UUI	1 J h	JUD Kr	Mary	An Van	edas	



death. gud Gud

within 24 hours

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

Poge 4 may be retained by the hospitol or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14933

ı	TADORA			CERTIFICATE OF DEATH				0
	DECEASED-NAME	First	Middle H .	Last	2a. DATE OF			2b. HOUR
S	Type or print) a Ivacoro	Salvator	M.	Petrone	Oct.	Manth D	^{ay} 1968	1:30A
3 S	EX	4. RACE		S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
ı	fale	Cauca	sian	4/ 29 /02		last birthday) 66 YRS		HOCK2 MIN
	BIRTHPLACE (State or fore intry)	ign 7b. CITIZEN OF WH	AT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF	DEATH		
ÇÜÜ	Jash D.	C. U.S.A.		WIDOWED DIVORCED	Prince	George's		Mo
	CITY OR TOWN OF DEATH	11 NA	ME OF HOSPITAL OR INS	TITUTION (If not in haspital 12a US		(Kind of work done		BUSINESS OR
	Cheverly				t.U.S.I	ost UII	i C O -	
13a. ada	. USUAL RESIDENCE (Where	deceased lived, if instituti		Ver 251	- 100	REET AND NUMBER		
	Maryland	Prince	George's	Kiverdale	<u> </u>	00 3rd St		
14.	FATHER'S NAME First	Middle	Last	IS. MOTHER'S MAIDEN NAME	Ella	Middle	Stor	Lost
	Cla		Petron		Titto			
lóa	Yes of unknown)	yas graphed to deternal service)	16b. SOCIAL SECURITY I	7333 Lrs.Lucy	r. Petr	one (ab	ove ad	ress)
	Yes , 4	-27-09	077-00-	7000 112 0 12 00	()	Vi.fo)		AAYE INTERVAL
	18. CAUSE OF DEATH (1	Enter anly and cause per lin	1 1 1 1				BETWEEN O	NSET AND DEATH
		IMMEDIATE CAUSE (a)	ENERAI	LIZED CARCIN	DMATOS	15	240	DN7HS
	1: 1	· ·	A CONSEQUENCE OF					
	Canditions, if any, which	sa (a). (b)		DHA OF RT C	HOAN.	AL	1 YE	AR.
	stating the underlying		S A CONSEQUENCE OF					
	last.) (c)			B (44) - 151 - 141			
	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE O	RECONDITION GIVE	(IN PART)(a)		
NO	190 DATE OF OPERATION	19b. CONDITION FOR WHI	CH ODERATION MAE DE	RFORMED 200, AUTOPSY?	[not it	YES, WERE FINDINGS	CONSIDERED IN CE	BTIEVING
CERTIFICATION	190 DATE OF OPERATION	19B. CONDITION FOR WHI	CH OPERATION WAS PE		FAHEES	OF DEATH?	CONSIDERED IN CE	KIIFTING
FRT	21a. ACCIDENT WAS UN	DERLYING 216 TIME OF	INMPV	YES NO	CX CAUSES	or in Deed 1 on Deed 2	19.	
	OR CONTRIBUTING CAU	SE OF DEATH HOUR A.M.	Manth Day Year	ZIE HOW HANDET OCCURRED (E)	ingi morona ar inta	y ne ruti i di ruti 2	e, Herri (G.)	
MEDICAL	(If either, natify medical 21d INSURY OCCURRED	Tes place of humby a	AT HEME FARM STREET FAC		Mar Class	or Tawn	County	State
	While Mat while	218. PLACE OF INJURY	OFFICE BUILDING, ETC	TORY.) 21f. LOCATION Street or R.F.D.	na. city	OF IOWA	County	21/11/4
	urwurk urwurk	(I) (<u>thioxhespital</u>) atte	ndad the decore	od frank / [-1]	67 10 0		0.co that	(I) decemb loss
	saw the deced	(i) (1/10x100391(31) dile	Laca the decease	968_ and that in (my) (our) o	pinian death o	ct 4 , 1	date and hour o	and from the
	causes stated	abave, (I) fare) (did) (dickoof) view the	968, and that in (my) (eyr) o body after death.	p			_
	22b. SIGNATURE	00	215	ATTENDING -	MED.	STAFE - 22	c. DATE SIGNED	
	A TO	muck &	My Dug.	CULDEGREE PHYS.	DIRECTOR	PHYS. L	Oct. 4, 1	L968
	22d. PHYSICIAN'S NAME (Type)	•	. , ,	22e. ADDRESS				
		Samuel J. N	Sugar,			, Washin		
23α	BUR AL, CREMATION, REMOVAL (Specify)	23b. DATE	23c NAME OF	cemetery or crematory	em. Ma	N (City or Town)	/(Connty)	(State)
2.8	A . Or the Late Or Late	10/7/68				2Sb. REGISTRAR		
24	FUNERAL DIRECTOR Ja]	U	arar Men	t Mainier, 250 RECT	T 1 1 19		es signature	lat
	HIGHER III		111500 -			2 1 1 1 2	1 1471 277	

DATEOCT 11

1968

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages thould be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after VR A15 (4) 30M REV. 1/68

Inc.

Home



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1		14924		CERT	FICATE OF DEA	TH		14934	
€ MAE		ECEASED-NAME First Type or print)		Middle	Last	2g. DATE OF DEA	70.4		2b. HOUR
3 2 3		Et	he1	W. Harper	Pettit		Month 28, Day	Year L968	5:50AM
the f	3 5		4 RACE		S. DATE OF BIRTH	6 le	ost birthday)		HOURS MIN.
by the Pogours		Temale BIRTHPLACE (State or foreign	76. CIT.ZEN OF WHAT		9/3/79				
프 트 양분		Md	USA	IIIA	RIED NEVER MARRIED NEVER N		Goerge's		65.4
filled I poper thin 72		ITY OR TOWN OF DEATH	11 NAME	OF HOSP TAL OR INSTITUTION	(If not in hospital 12a	USUAL OCCUPAT ON (Kir	nd of work done	12b. KIND OF BU	ISINESS OR
d within letely fills or bon point, within	-	heverly	Prir	et oddress) 1 ce Geo.Gen' J	Hospital	ing most of warking life,	even fretired) Sewife	home	
cian and complete eose remove cort	odm	USUAL RESIDENCE (Where deceo ission) STATE aryland	sed aved, if institution 13b. COUNTY Prince G	Residence befare 13c CIT	Y OR TOWN 3d INSIO	T NO 🗆	AND NUMBER Riggs Roa	ıd	
le de la	14	FATHER S NAME FIRST	Middle 11	Last	IS MOTHERS MA DEN NA		Middle		Last
art or cician of the second and are	14.0	WAS DECEASED EVER IN U.S. AR	llinson Ha	PP SOCIAL SECURITY NO	17. INFORMANT	wena Ham		uld	
3 25				220 44 8346	Nicholas 0	rem Jr	Hyattsvil		
he deoth certifi e attending phy permit. Then p		IB. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	n By					APPROXIMAT BETWEEN ONSE	E INTERVAL T AND GEATH
deat tend mit.		IMMEDI	ATE CAUSE (a) G		he colon wit	<u>h metastasi</u>	S		
the at per trion		Canditians, if any, which gave	1	A CONSEQUENCE OF					
that th an. by the ronsit cremati	Н	rise to immediate couse (a), stating the underlying cause	(b)	A CONSEQUENCE OF					
equires that the physician. signed by the burial-transit burial, cremati	ш	last	(c)						
The low requires that the dear attending physician. has been signed by the attences as the burial-transit permit the priar to burial, cremation, or	L	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN	PART 1(o)		
ow rading ding seen the arto	NO	19a. DATE OF OPERATION 19b	CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY2	Joh it yer	, WERE FINDINGS COP	of Depth In Cent	WWW.
The low ratending that been the se as the hariar to	CERTIFICAT	TAL DATE OF OTERATION	CONDITION FOR WITHOUT	OFERATION WAS PERFORMED		CAUSES OF	DEATH?	AS DEKEN IN CEKE	SETING
AN: The ol or at icote ha for use Health		21a. ACCIDENT WAS UNDERLYI		JURY 2	c. HOW INJURY OCCURRED		Part 1 or Port 2, ste	em 18)	
VSICIAN: ospital or certificate ined for up of Health	MEDICAL	OR CONTRIBUTING (CAUSE OF DEA	ner) P.M.	Manth Day Year					
DING PHYSICIAN: The by the hospital or at the rhis certificote has detached for use Stote Dept. of Health	*	21d. INJURY OCCURRED 21e While Not while at work	PLACE OF INJURY (AT	HOME, FARM, STREET FACTORY) 2 FICE BUILDING, ETC.	1f. LOCATION Street or R.F.	D No City or T	awr	Caunty	State
by the free peed Stote		22a. I certify that (1)s/sk	neskesketkik) attend	ied the deceased fran	June,	19 5 6, 10 10	28, 194	D, that (1) (686) . last
ATTENDIN etoined by CTOR: Afrei should be ith the Sto		causes stated above	e (I) (we) (dig) (ei	d not) view the body a	and that in (my) (24)) apinian death accu	rred an the date	e and haur an	d fram the
OR ATTENI be retoined SIRECTOR: 4 e 3 should ed with the		226 SIGNATURE	V		m b ATTENDING	MED SI	AFF 22c DA	ATE SIGNED	
OR The policy of	1	Minnen	7	fineam	DEGREE PHYS		iys D 10	128/6	60
Page 4 moy be retoined by to FUNERAL DIRECTOR: After director, page 3 should be calculated with the Stote		22d. PHYSICIAN S NAME (Type) AOR	MAND	OMEAN	22e ADDRESS 3503	PERRY 51	MTA	Airses	nma
Hould Hould	2 3 a.	BUR AL, CREMAT ON, 23b.		73c. NAME OF CEMETER		23d. LOCATION (C			(State)
5- 5- 0	_	REMOVAL (Specify) Contombinent Go FUNERAL DIRECTOR	t 30, 1968	B Lorraine ADDRESS			more, Md.		
VR A15 (24) 1 45M 1, 69		F. 10	lasch's Son	ns Ilyattsvi	le-Aid DATE				ge.



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

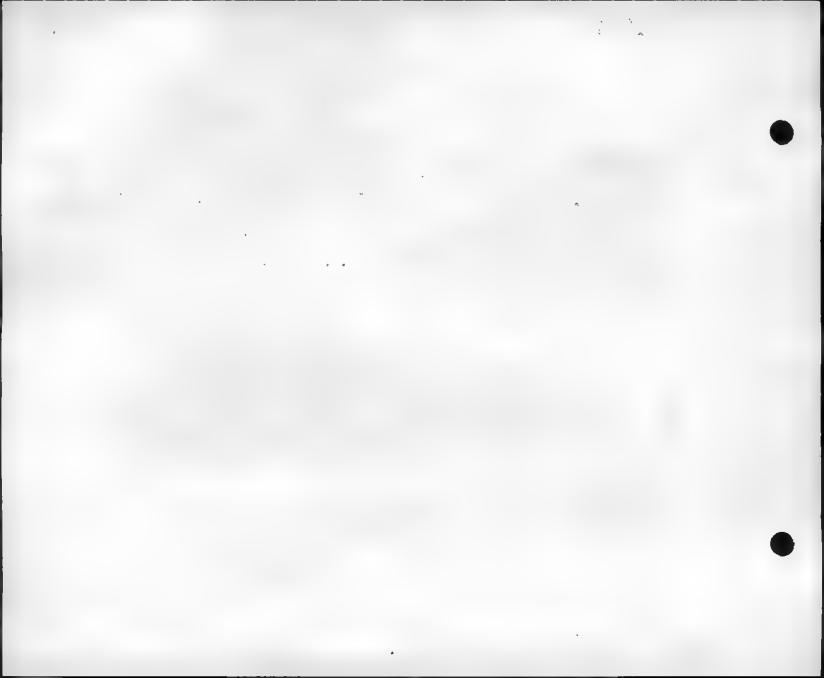
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					TOTAL OF	PERMIT					
~ ~	CEASED-NAME First ype or print) /		Middle	2 .	Last	1)	2a. OATE	OF DEATH Manth D	av Ye	16	26. HOUR
1,	. Ruc	V	1D. F.	ick	ERS 911			10 1	5 Le	8 11	OA M
3. SE	X/	4. RACE			S. DATE OF B			6. AGE (in years last birthday)	1F UNDER	TAR IF UP DAYS HOE	NDER 24 HRS.
	FEMAL E	CAU	CAS.		2-9	7-188	2	86 YRS			
(QUP	IRTHPLACE (State or foreign try)	76. CITIZEN OF WH.	AT COUNTRY?		IED NEVER MAI	RRIED	Pri	of DEATH ace George	S		Md
	TY OR TOWN OF DEATH OPESTVILLE		ME OF HOSPITAL OR INS treet address) egent Nur					ION (Kind of work done	12b KII INDUST	ID OF BUSII	UFCC OP
13o admii	USUAL RESIDENCE (Where deceasion) STATE Md.			Tac CIT		AES NO		street and number 5219 Meadow	view I	ri.ve	
14. F	ATHER S NAME First Stephe	Moddle n Wheeler	Last		IS MOTHER'S M	Aiden name En Anni		Middle odgson		Le	ost
160. Y	WAS DECEASED EVER IN U.S. ARI es, ng (18 yes give)	MED FORCES? war or defes of service)	16b. social security i Unlenown		17 INFORMANT C.E. S.	hives,	Same	as #13 Address	ughter	•)	
	Candmons, if any, which gave rise to immediate couse (o), stoting the underlying couse	D BY. ATE CAUSE (a) DUE TO, OR A	CO M	A	CA RE	21N 0 M	A 0:	F OESOPHA	BET	PPROXIMATE I NEEN ONSET A	
ATION	PART 2 OTHER SIGNIFICANT CO	ERUTIC	ING TO DEATH BUT NO WEART DY. CH OPERATION WAS PE	SERT	E WITH	Cons	ES-TU 20	DE HEAR			
DICAL CERTIFICATION	21a ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M.			c, HOW INJURY OC			Injury in Port 1 or Part 2	2, Item 18.)		
MEDI		. PLACE OF INJURY (nis-hospital) atte	AT HOME FARM STREET, FAR OFFICE BUILDING ETC.	ed from	and that in (n			City or Town 10 18 - 1	County 9 6 8 , date and h	that (I) aur and	State (we) las fram the
	226 SIGNATURE OCC	· b/	Bond	6-79	DEGREE PHYS 22e. AD	DRESS 68 7		D STAFF D PHYS D	ROA		20.1
23a	10000	DATE 0-22-68	23c NAME OF	CEMETER	OR CREMATORY Ve Cemet		23d06 Pa	(ATION (City or Town) tterson, N.	J. (Caunty) (5	itate)
24. 4	FUNERAL DIRECTOR Wilher 308 Suitland R	lm Funera d. SE, Su	il Homeodress uitland, M	d.		DATE OC	REGISTRA	AR 1968 RECHETEA	s.z ziemtita	I Jacob	g.C

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cambietely titled in by the ferreral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, cremation, or remaval, and in any event, within 72 haurs after death. VR A15 (4) 30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Page 4 may be retained by the haspital or attending physician.



death.

within 21 hours

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exactified

Page 4 may be retained by the haspital ar attending physician.

30M REV 1

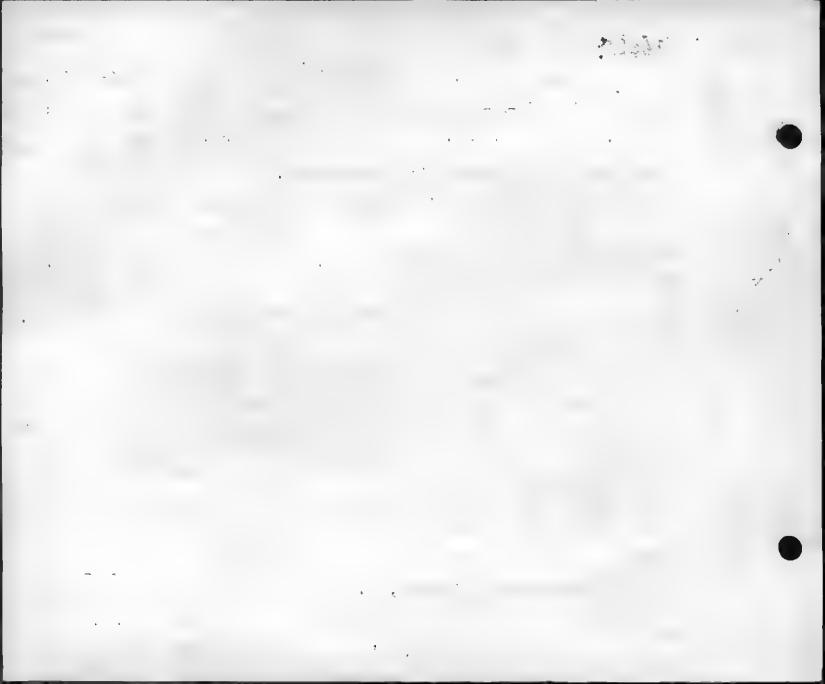
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	I	tems, #586, F	FilmGh05 10/1	18/68 kg	ERTIF	ICATE OF	DEATH	, , , , , , , , , , , , , , , , , , , ,		1493	6
ľ	1 DC	CEACED MAME E.	ret	M.ddte		Last		2a. DATE OF DEA			2b. HOUR
	{T	ypa or print)Florence	ce	E.	Pl	ater		Octob	Menth 12	, 1958	8:00M
- 1	3 SE		4 RACE			S. DATE OF B	IRTH	6.	AGE (n years	FUNDER YEAR MONTHS DAYS	HOURS MIN.
- 1		emale	Edyka	Negro		5-10	19492		776 YRS	MUNINS DATS	HOURS MIN.
1	7a B	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT CO	DUNTRY?	8 MARRIE	D NEVER MAI	RRIED	9. COUNTY OF DEA			
ı	CODII	"" Md.	U.S.A.		WIDOWE	D X DIVO	RCED 🗌	Prince	Georg	es	Md
Ţ	10. C	ITY OR TOWN OF DEATH		F HOSPITAL OR INS	TITUTION (f nat in haspital		L OCCUPATION (Kin			BUSINESS OR
1		Riverdale	give street		Mem	orial	Do	mestic		ואוכטטאו	
-	130	USUAL RESIDENCE (Where dece	eased lived, if institution. R	esidence before	13c. CITY	OR TOWN	136 INSIDE CITY LIN		AND NUMBER		
	Wa	ssion) STATE AShington, D.	C 186 COUNTY					126	45th	St., S	E.
I	14. F	ATHER S NAME First	Middle	Lost		IS MOTHERS M	AIDEN NAME FI	rs†	Middle		Last
ı		Wesley		Parker	c	Sara				Brow	m
Ī		WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b.	SOCIAL SECURITY N	10.	7. INFORMANT			Address		
1		ES, NU, OF UNKNOWNIJ	27	6-16-52	230	Rolar	nd Pla	ter Pr	ince F		
I		1B CAUSE OF DEATH (Enter	only one couse per one for	(a), (b), and (s)-)	1		h				IMATE INTERVAL ONSET AND DEATH
ı		PART I DEATH WAS CAU	ISED BY. DIATE CAUSE (a)	CYO	<u> </u>						
ı		1	DUC TO OD AC A C	ONSEQUENCE OF		0	d _e				
ı		Conditions, if any, which gav	(e) (b) (2)	tera	o Le	lero	ur.	sinel	well		
ŀ	- 1	rise to immediate cause (o stoting the underlying cous	ALL TO OD AS A C								
ı		last. 337 x	-) _(c)								
1		PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED	TO THE TERMINA	L DISEASE OR (ONDITION GIVEN IN	PART i(o)		
١	2	arter	ore tere	Me	.9	ener	olyp	£- '.			
	CERTIFICATION	190. DATE OF OPERATION 19	b. Condition for which of	PERATION WAS PER	RFORMED	20o. AUTO	PSY?	20b IF YES, CAUSES OF	WERE FINDINGS	CONSIDERED IN C	ERTIFYING
	E					YES _	·				
1		21a ACCIDENT WAS UNDERLY			216	HOW INJURY OC	CURRED (Enter	nature of injury in	Part 1 or Port 2,	, Item 18)	
ı	MEDICAL	OR CONTRIBUTING CAUSE OF D	miner) P.M.	nth Day Yeor 19							
ı		21d. INJURY OCCURRED 2	1e. PLACE OF INJURY (AT HO	IME, FARM, STREET FACT E BUILDING, ETC.	IORY.) 21f	LOCATION Street	et or R.F.D. No.	City or T	own	County	State
ł		at wark at wark				_		_			
1		22a. I certify that (I) (saw the deceased	this haspital) attende	d the decease	d from,	921	, 192	8,10/	0-12-19) , tha	t (I) (we) last
1		saw the deceased	alive an/_ive, (I) (we) (did) (did	not) view the l	ا <u>د</u> ے, ر	ind that in (m er death	iy) (our) apir	nion deoth occu	rred on the d	ote and hour	ond from the
1		22b. SIGNATURE	10,(1) (100)(010)(010	A -					220	DATE SIGNED	
ı		22. 6	H. Sune	stell.	Mila	GREE PHYS			AFF D	DIVIL DIGITED	
/		22d PHYSICIAN'S	J. 670-7-	7	7018	22e ADI		NEGION 1			
		NAME (Type)									
1	230	BUNAL, CREMATION, 23	b. DATE	23c NAME OF C				23d LOCATION (C	rty or Town)	(County)	(State)
		REMOVAL (Specify)	0-17-68	Mt.H	ope	Ch.Cem	l	Sunde	rland	Cal.	Md
	24.	FUNERAL DIRECTOR		ADDRESS			2Sa REC'D BY	REGISTRAR	2Sb REGISTRAR	'S SIGNATURE	f a 0
VI		Penkney &;	Sewell ;	frince ;	Tred.	mid,	DATOCT	1 5 1968	yula	was you	

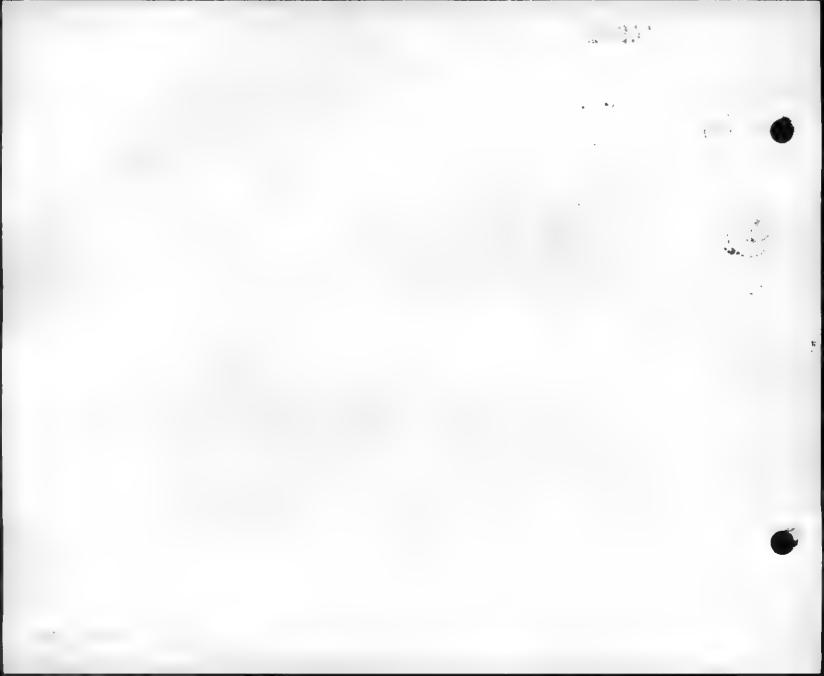


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HEALTH	DEPT.		1 0	CEASTED WEARINE	Ferst		idie	La	st	2o DAT	KNOWN	Month	Day Year	26 HOJR
ay is 3 to Page	0,		-{1	ype ar Print)	tanley	P.	/	Pogorzels Ogorecel	ki Vski	OF DEAT	ESTI-	10-1	3-68 1911	. OO DEN
P d 3	The M	127	3 58	X 4 RACE	5. DATE	OF BIRTH	6. AGE (In for		EMR / IF UNDER :	AL DAIL	PRONOUNCED	DEAD	V	2d HOUR
y dela	E 100	7	-	ale Whi		18-1915	52	YRS		MIN. Mor		7,	68° .9 12	15am
- E	Deb		7a. E	IRTHPLACE (State or forei		OF WHAT COUNTRY?	8.	MARRIED MEVE		9. COUNTY OF				
Pages vith far	ofe			TY OR TOWN OF DEATH		11 NAME OF HOSPIT		WIDOWED []	DiVORCED 120 II	Prince	e Georg		25 KIND OF BUS	bM ac 22ani
deal Pa with	2 with the State death.	17		Boiteland'	C-2133	give street oddress) Andrews			durino	most of working			Limp loyee	
G.v.	中 中	17	130.	USUAL' RÉSIDENTE' (Wher	e deceased lived, i	nst tution: Residence	e befare 135	CE DASE	134. WSIDE CITY L		EET AND NUMB			
s af	2 with death.	10:	00	mission STATIand	Prin	ce George			YES N	0 □ 541	9 Walls	Lan	e	
Lice of	l and 2 after	- (14. F	ATHER'S NAME FIR	st	Middle	Lost	.5 MOTHERS	MAIDEN NAME	First	Midd		Los	1
2 2					er Pogor					ne Kolai				
	pages			WAS DECEASED EVER IN U.S.	ARMED FORCES? (If yes give war ar duties of	16b SOCIAL SE		17. INFORMANT		et tt Hende	ADDRESS		crest Md	1
wih Ped I	73 E				941-45	1183-12		*****	* 1-1/2 / 2 / L	.C.C. IICIICI	213011		APPROX.MATE	
orted Ji ir	ansit permit. F event within			18 CAUSE OF DEATH (PART . DEATH WA	Enter only ane caus S CAUSED B¥	e per line for (a), (b),	ond (c)) Posilara						BETWEEN ONSET	ANO DEATH
e execu pending of Medic	per t			11122	MMEDIATE CAUSE (o) Heart 1	ENCE OF A	rt eri osci	larotic	heart di	90250		minutes over 3	
d be executed d "pending" Chief Medical	nsit			Conditions, if ony, which	gave) ,	b)	rende (i) a a a	0011000	1010010	near o a.	LDOUBO		over 7	ATO.
ward the Ch	urial-tra			rise to immediate caustoling the underlying	a (a), (TO, OR AS A CONSEQU	JENCE OF							
	burial-transit I in any ever			last.)	(c)								
certificate sh , writing the forwarded ta t	p 2			PART 2 OTHER SIGNIFICA	NT CONDITIONS CON	TRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERMI	NAL DISEASE OR C	ONDITION GIVEN	IN PART I(o)			
certificate writing th orwarded to	d as val, a		NO	7 = 19g DATE OF OPERATION		195 COMPLETE	IN FOR WHICH	ODERATION					20 AUTOPS	V2
V . 5	e used as removal,	à.	CERTIFICATION	170 DATE OF OPERATION			FORMED?	OPERATION					YES -	NOX.
ER: This certificate, ould be fo		0 1	ERI	21a. EXTERNAL CAUSE WA	S 21b. 1	IME OF INJURY Month,	Doy, Yeor	21c. HOW INJUR	RY OCCURRED (En	ter nature at inju	rv in Part 1 or	Port 2, Ite		11472
INER: e certif should			WEDICAL	PRIMARY OR CONTRIE	EUTING H	IOUR A.M P.M.	19		,					
Sho cha	~ట ⊡		WED	21d INJURY OCCURRED		JURY (At home, form,	street,	21f LOCATION S	treet or R.F.D. No.	Cit	y or Town		Caunty	Stote
EXAMINER: ute the cert age 4 should	yaur age crem			AT WORK AT WORK	Jactory, onice	building, etc.)								
Xecu	CTOR: F burnal,			22a certify		e of the remains o			Autapsy 🔲,	Inspection	x, inq	tiry 🔲	, and in m	y apınıan
Se escretor	EG P			death resulted t	ram: Naturo	al couses 🔼 , 🏿	accident [], Suicide [], Hamicid	e 🔲, Und	etermined n	nanner		
please directe	DIRE DIRE			ACTUAL /	hh	12. 1			CHIEF MEDICAL			OI BAWK		
- · · · · · · · · · · · · · · · · · · ·	RAL D priar			SIGNATURE	Thing	Just		M.D	ASSISTANT MEDI	CAL EXAMINER L EXAMINER C		26. DATE !	-14-68	
o DEPUTY necessary, a	may be retained to FUNERAL DIRECTO! eath priar to burn	>		EXAMINER'S NAME (Type) Joh	n Kehoe	MD Rive	dale,	Md.		. city, town, or co	-	70	-14-00	
nec after	o may		230	BURIAL, CREMATION.	23b. DATE			TERY OR CREMATO			N (City or Tow	n)	(County) [S	itate)
_	_			REMOVAL (Spigity)	Oct.	17,1968	St.	Josephs		Chews	Landin	ng N.	J.	
	*15×45 45		24	ROBERT .	Vilhelm	4308 Suit	land R	d.		BY REGISTRAR			GNATURE	
	A15ME (5) REV 1/68					Suitland	idd.		DATE 0	1171	968	Clea	Her ford	12



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14938 CERTIFICATE OF DEATH DECEASED NAME Middle Last 20. DATE OF DEATH First 26 HOURY deoth. be executed within 24 hours ofter death. in by the funeral Month (Type or print) Porter Beatrice Josephine October 4 PACE 6 AGF (In years IF UNDER ILYEAR 5 DATE OF BIRTH last birthdoy) Female Caucasian April 11. To BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B MARRIED - NEVER MARRIED COUNTRY) sachusetts Prince George's U.S.A.. WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 2b KIND OF BUSINESS OR during most of working life, even if retired.)
School Teacher INDUSTRY Adelphi. Md. Nursing Home campletely remove carbon Public Sch. evint, 13a USUAL RES DENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d THISTOE CITY JIMITS? -13b COUNTY admission) STATE 8420 Mavahoe Drive Silver 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Middle Lost Last Hibbard Cyrus Florence Spear pleose requires that the deoth certificate. 16b SOCIAL SECURITY NO. 17 INFORMANT Address 160, WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, pq, or unknown) 214-60-6620 Nursing Home Records or removal, APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ZATEMIA. UREMIA L'ENEUMONIA IMMEDIATE CAUSE for cremotion, ONSEQUENCE OF BUTCHED UROPATHEN C. Canditions, if ony, which gove) **burial-transit** rise to immediate couse (o). AS AD CONSEQUENCE OF þ DUE TO, OR stoting the underlying couse burial, PART 2. OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA-DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be reto.med by the hospital or attending to FUNERAL DIRECTOR: After this certificate has been a os the prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20a. AUTOPSY? TAUSES OF DEATH? YES [of Health 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) jo OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical exominer) P.M. be detoched 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town Caunty State While Not while at work at work 22a. I certify that (1) (this hospital) attended the deceased fragment and the 1966, and that in (my) (our) apinian death accurred an the date and hour and fram the saw the deceased alive an 3 should causes stated above, (1) (we) (did) (did not) view the body after death 22b SIGNATUR 22c DATE SIGNED ATTENDING ed DEGREE PHYS DIRECTOR director, page should be filed 22d. #HYSICIAN'S NAME (Type (County)

MARYLAND STATE DEPARTMENT OF HEALTH



14941)

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68" 19 5:25 pm. M

126 KIND OF BUSINESS OR

INDUSTRY

2b HOUR

20pm

2d HOJR

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Middle	Lost	15 MOTHER'S MA			Middle	Lost
tor		Mary	G.	Proctor		
ES?	166 SOCIAL SECURITY NO	17. INFORMANT			ADDRESS OLD	Alex Ferry
odisk di service)	None	Thomas	L.	Proctor	Clinton,	Ma Ra
ne couse per lir	ne for (a), (b), and (c).)	,				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Bilateral pner AS A CONSEQUENCE OF	monia, s	ever	' e		
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	NG TO DEATH BUT NOT RELATED	TO THE TERMINAL	DISEASE	OR CONDITION GIVEN IN	PART 1(o)	
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						YES X NO
216. TIME OF I HOUR A.A P.A		21c HOW INJURY C	CCURRE	D (Enter noture of injury	in Port 1 or Port 2, Item	18.)
E OF NJURY (A , office building	it home, form, street, g, etc.)	21f LOCATION Stree	t or R F D	No. City o	or Town (County Stote
	es x, Acident ,		_		X, finquiry,	
1/ 2				CAL EXAMINER	Lance Lance	
they f	Utyp	M D AS	SISTANT	MEDICAL EXAMINER TO	22b DATE SIG	NED 18-68
e MD	Riverdale, Mo			treet, city, town, or coun	rty)	
E	23c NAME OF CEMETER	Y OR CREMATORY		23d LOCATION	(City or Town) (Co	ounty) (Stote)
37.68	Resurre	ction C	em.	Glint	on, Maryl	and
TOLLI	NS FUNERAL'S	TOME, IN	250	REC D BY REGISTRAR	256 REGISTRAR'S SIG	NATURE
. поиз	39 HUNT PLACE	N. P.	DATE	OCT 2 2 191	68 Ithank	as Judge

VR A15ME (5) 10M REV 1/68

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necessary,

ACTUAL SIGNATURE

EXAMINER'S NAME (Type)

REMOVAL (Specify)
BUT 121
24 FUNERAL DIRECTOR Rollins

BURIAL CREMATION

John.

Kehc

23b DA

Funera

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- 1			INLUICA	AP EVAIL	HIALTA A	CENTILL	CAIL	OI DE	AIII						
1	1. DECEASED-NAME (Type or Print)	First		Midd	le		Last			2a DATE K	FCTI L	Month	,	Year	2b HOUR
	(ripe or rink)	Thoma	S	HO	614	Qui				OF DEATH 7	WATED 🔀	10-1	1-68	1912	:30pm
	3. SEX	4. RACE	S DATE OF BIRT	H	6 AGE (in year lost birthday)	MONTHS	R I YEAR DAYS	IF UNDER 1	24 HRS Mile.		ONOUNCED		16		2d HOUR
	Male	White	10-2-19	16	52 Y		VALV	Hooks	11911	Month	1) da	68	191:0	Бри м
	7a BIRTHPLACE (Stote	or foreign 76	CITIZEN OF WHA		8. A	MARRIED [NEVER MAR	RRIED 🔲	9 COU	NTY OF DEA	TH				
	BALT.	NDI	-	SA		DOWED [RCED_		rince					Mo
	10 CITY OR TOWN OF	DEATH	11 NA/	ME OF HOSPITAL	L OR INSTITUT	ON (If not in	hosp _i tal			(UPATION (K warking l <u>i</u> f			126 KIND JAIDUSTRY		NESS OR
	Mt. Ra	inier	1410	reet oddress) 8 33rd	Stree	et			726	MB	ER		ONS	TRU	CTION
4	13a. USUAL RESIDEN	(E (Where deceose	lived, if instituti	ian: Residence	befare 13c (1	TY OR TOWN	130	I JNSIDE GTY L			AND NUMBI				
	odmirson) SIATE		Prince G	eorge				YES JEN		4108	33rd.		eet_		
	14. FATHER S NAME	First	Middle	M	Last	TS. MOT	IER S MAIL		First	0	Midd			Lost	/
	Ho		1.	yu.	NN	1		LAI	DE	7	M	00	LM	41	
1	160 WAS DECEASED EV {Yes, no, or unknow			166 SOCIAL SECT		17 INFORM							,		C AM
1	YES	W	W2	579-1	0-408	M	ARY		MIF	1660	NEE	LA			MA
-	18. CAUSE OF	DEATH (Enter only	ane cause per line	e far (a), (b), a	ind (c).)	7.00	and a							PROXIMATE I VEEN ONSET I	
	900	IMMEDIAT	BY: (a) 3r	d degr	ee bur	ns 100	% OI	body	sw	riace					
	Conditions if o	ny, which gove	DUE TO, OR A	AS A CONSEQUE	NCE OF										
	rise to immed	iote cause (o), ((b)		Net Ar								-		
1	stating the un	derlying cause	DUE 10, UK A	AS A CONSEQUE	NLE UF										
	_	COMPLETE ANY COMPLETE	(c)	O TO DELTH D	IT NOT BELLE	n to the te	D.111111111111111111111111111111111111		A						
1	PART Z. UTHER :	SIGNIFICANT CONDIT	ION2 CONTRIBUTIN	IG TO DEATH BE	UI NUI KELAIE	D 10 IME IE	KMINAL DI	SEASE OR C	OITIQNO.	N GIVEN IN I	PART 1(a)				
	190, DATE OF O	PERATION		19b. CONDITION	FOR WHICH O	PERATION							120	AUTOPSY:	>
	190. DATE OF O			WAS PERFO										YES 🗍	NO 53
	210. EXTERNAL (CAUSE WAS	216 TIME OF IN	NJURY Month, D	ay, Year	21c. HOW I	NJURY OC	URRED (En	ter natur	e of unuser in	n Port 1 or	Part 2. Ite		113	110 [24]
		R CONTRIBUTING		im 10-1		Burr					,, ,		,.,		
1	21d INJURY OCC		ACE OF INJURY (At			21f LOCATIO			130 3	City or	Town		County		Stote
	WHILE NO	T WHILE X ho	ry, office building,	, etc)			as			,					
		certify that I too		e remains de	scribad aha				lac	pection 🏳	7 Ingi	uiry 🗀	001	d in m	/ apinian
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1	a carri	Zoned Home	11010101	") <u>sc</u> .,	John	_	F MED CAL			1111111160 111	umer [
	ACTUAL SIGNATURE	//	Maria	110	1			STANT MED			2	2b DATE S	SIGNED		
	EXAMINER'S	1	V V V	1 100		N	210r	ITY MEDICAL				10)-12-	68	
1		John Keh	oe MD	River	dale, l	Md.				vn, or county	y)				
	23a BURIAL, CREMAT		ATE		ME OF CEMETER		ATORY	4	_ 23d.	1QCALON (City or Tawn)	(County)	(Str	gte)
	BREMOVAL (Speci	10	-15-68	8/12	eltin	are	Mal	Lans	1	1500	lun	4.0.	-	hul	۷.
	24 FANERAL DIRECTO	OR /	1	2 1	ADDRESS	1	-	25a, REC D				STRAR S	SIGNATURE	E	
V	Nange	Lun	Permon	al Ala	mo de	21/11	Om	eate 00	11	8 196	8 20	Las	ren!	uda	e.

O DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours after death any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form PM3. Page TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Depart Health priar to burial, cremation, ar remayal, and in any event within 72 haurs after death. 5 may be retained for your files. TO DEPUTY

> VR A15ME (5) 10M REV 1/68

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funeral 1 and 2 death.

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within 24 hours after death

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be ex

MARYLAND STATE DEPARTMENT OF HEALTH

	14932	3	DIVISION OF	VITAL RECORDS		PRESTON ST		IMORE, MAI	RYLAND	21201	149	942
	EASED NAME pe ar print)	First Baby	Boy	Middle		lost Rader		20. DATE OF	Manth	5 Day	Year 6	2b HOUR 8 5:45A
3. SEX	Male	2009	4 RACE	Cauc.		5. DATE OF B	IRTH 05-68		6. AGE (In last birth		IF UNDER I YEAR MONTHS DAYS	F UNDER 24 HRS HOURS MIN
count	RTHPLACE (Stote on Print) Maryla TY OR TOWN OF D	nd	11 N		WIDOWE NSTITUTION (D NEVER MAI	RCED 120 USU	9 COUNTY OF Prince AL OCCUPATION ast of working	Geor	rge's	126 KIND OI INDUSTRY	M BUSINESS OR
	JSUAL RESIDENCE (d lived, if institut	ian: Residence before	B 13c CITY	OR TOWN	13d. INSIDE CITY L		REET AND N	NUMBER S tree 1		
16a.	ATHER'S NAME WAS DECEASED EVE s, no, ar unknown)		Middle Russ	Lost	er	15. MOTHER'S M 7. INFORMANT	IAIDEN NAME F	nja		Middle Kay Address	Park	lost 2 r
	Conditions, if any, rise to immediat stating the under	H WAS CAUSED IMMEDIA , which gave e cause (a),	BY: E CAUSE (a) DUE TO, OR (b)	AS A CONSEQUENCE O	Sur	dy-						IMATE INTERVAL ONISET AND DEATH
N.S.	PART 2. OTHER SIG			ITING TO DEATH BUT		20a. AUTi	DPSY?	20b. IF		FINDINGS (ONSIDERED IN (ERTIFYING
MEDICAL	210 ACCIDENT WA	CAUSE OF DEATH	HOUR A.M.	Month Doy Yea	or 19	HOW INJURY OF	CURRED (Ente	r nature of inju	ry in Port 1	or Part 2,	Item 18.)	State
	While Nat what work of war 22a. I certify saw the	k 📙		ended the deceo					Oct.	5 , 19 an the do	68_, tho	t ∰ (we) lo

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and comptefely filled director, page 3 should be detached for use os the burial-transit permit. Then please remove corbon page should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in ally event, within a should be filled with the State Dept. Page 4 may be retained by the hospitol or ottending physician. VR A15 (1) 30M REV 48/

Cala

Administrator

ATTENDING PHYS 22e. ADDRESS

22c DATE SIGNED Oct. 7, 1968

Prince Geo.Gen 1 Hospital Cheverly, Md

MED. DIRECTOR

(State)

23g. BUR AL, CREMATION, REMOVAL (Specify) 24. FUNERAL DIDECTOR

22b. SIGNATURE

PHYSICIAN'S NAME (Type)

Penin.

UI.

23b. DATE 10/12/68

CEMETERY OR CREMATORY rince George's General

DEGREE

HOSPACTELLO BY REGISTRAR

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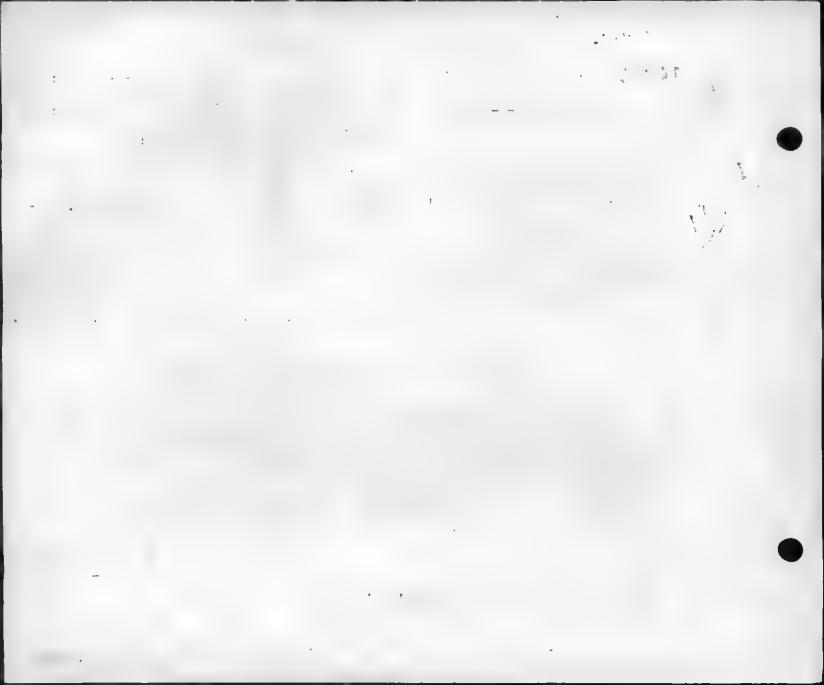
23d. .OCATION (City or Town) (County)
Cheverly, Maryland

1968 REGISTRAR'S SIGNATURE



F. Gasch's Sons Hyattsville, Md.

VR A15ME (5) 10M REV 1.68



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

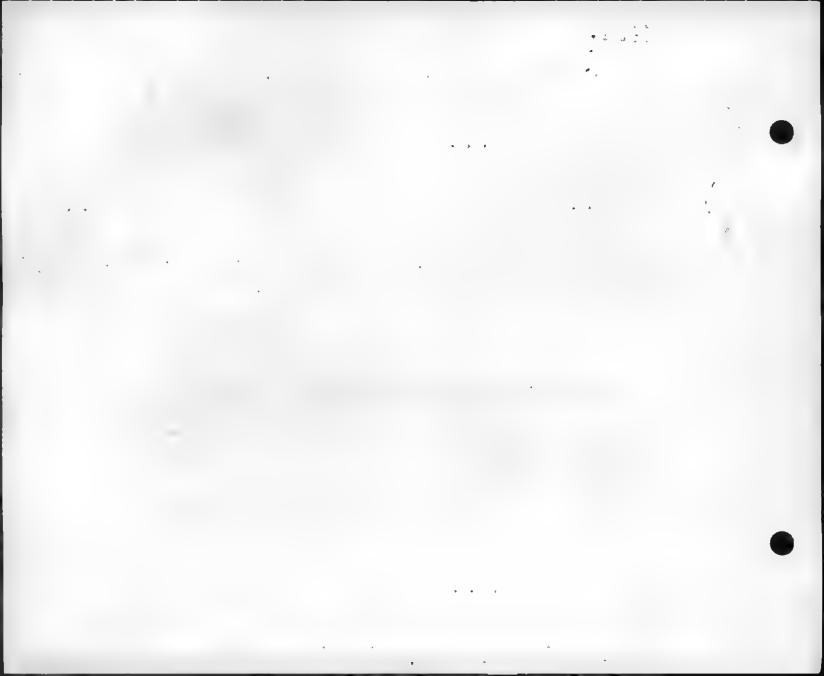
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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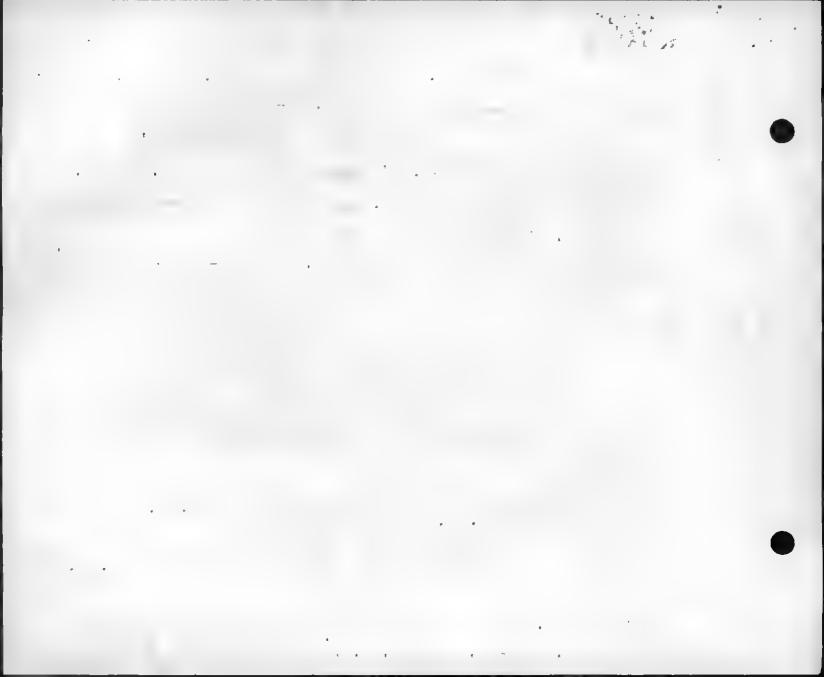
12201	-1		•	CERTIF	ICATE OF	DEATH			A	エハスス		
1 DECEASED-NAME	First		M.ddle		Lost		20. DATE OF		_		2b	HOUR
(Type or print)	Loui	S	W.		Redmond	, Sr.	Oct	ober	13	1968	5	P. A
3. SEX Male		4 RACE Wh	ite		5. DATE OF 1 12/4			6. AGE (In year lost birthday			HOURS	R 24 HRS.
70 BIRTHPLACE (Stote country) Maryland		b citizen of wi	S.A.	B. MARRIE WIDOWE	D NEVER MA	RRIED 9	COUNTY OF Princ	DEATH e Georg	es			Mc
10. CITY OR TOWN OF Glenn Da	ale	give	AME OF HOSPITAL OR I street oddress) Glenn Dal	e Hosp	ital	during ma	st of working	(Kind of work life, even if ret Retired		126 KIND OF B INDUSTRY		S OR
130 USJAL RESIDENCE admission) STATE E		lived, if institut	ion. Residence befor		ington	YES NO		reet and nume Todd P		N.E.		
14. FATHER'S NAME	First Tames	Middle E -	lost Redm	ond	IS. MOTHER'S A	Mater Name Fin		Msc	ldre	C	Lost	
160. WAS DECEASED EV Yes, no, or unknown	ER IN U.S. ARMEE	FORCES?	166 SOCIAL SECURIT	Y NO 17	INFORMANT Hecedes	Louis (mond, Add	ress 34 *Chc	Summer 08 55th		ve.
1B. CAUSE OF D PART 1 DEA	TH WAS CAUSED ! IMMEDIATE	BY Bi E CAUSE (a) DUE TO, OR A	ne for (a), (b), and (lateral l	ower]	lobar p	neumonie	2			APPROXIM) BETWEEN ON: 4 day years	SET AND	
rise to immedia stating the unde last	te couse (a).(erlying cause	DUE TO, OR A	AS A CONSEQUENCE CLIMONARY	uberc	losis					6 yea	rs	
Arteri	ignificant condi osclerot	ic hear	t disease	NOT RELATED with	myocar	at disease or co	erctic	n in part 1(0) on (1963	2)			
.90. DATE OF OPER	RATION 19b. CO	INDITION FOR WH	IICH OPERATION WAS	PERFORMED	20a AUT YES 2			YES, WERE FINE OF DEATH? Yes	DINGS COI	NSIDERED IN CER	TIFYIN	G
21a ACCIDENT W	CAUSE OF DEATH	216 TIME O HOUR A.M P.M.	Filial Day Yea		HOW INJURY O	CCURRED (Enter	nature of inju	ny in Pert I ar I	Part 2, Ite	em 18.)		
While Nat w	hile 🗆 📗		AT HOME FARM, STREET OFFICE BUILDING, ETC	1		eet or R.F.D. No.		ar Town		County		State
saw the	deceased al v	ve an	ended the deced 10/15/ (didatet) view th	_19 <u>68</u> _, c	ind that in b	, 19 <u>_6</u> 134) (aur) apin	8_, ta nan death a	10/15/ accurred an f	, 19 <u>6</u> the date	8, that is and have a	nd fre	ve) las am th
22b SIGNATURE	Mul	Wer	n	DE	GREE PHYS		RECTOR &	STAFF PHYS.	10/	ATE SIGNED 15/1968	3	
22d. PHYSICIAN S NAME (Type		Weiss, 1					n Dale n Dale	Hospit Maryl	al			
230 BURIAL, CREMATIO REMOVAL (Specify	10-1	8-1968			or crematory EU Cent	etery	23d LOCATIO	ON (City or Town	shi z	·	(Stote	
Warren E.			rter ADDRE 8434 Ga.		Spr. Md.	250. REC'D BY		25b REGI		res Jus	42	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical director, page 3 shauld be detached far use as the burial-transit permit. Then the should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, a VR A15 (4) 30M REV 1/68

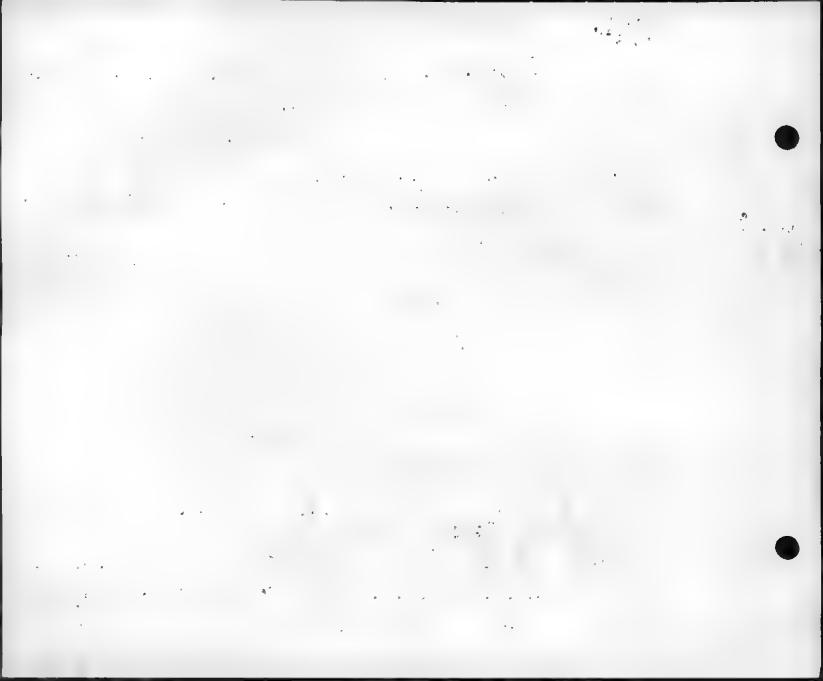


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an and and and		ng physique	Then please in	maval, and Th
II THE GEOIL		the attendin	isit permit.	natian, ar re
reguires 170	physician.	signed by	burial-tran	ı burial, cren
MDI ani	r attending	9 has been	use as the	of the prior to
GING PHINICIAN:	Page 4 may be retained by the haspital ar attending ph	IRECTOR: After this certificate has been signed by the attending p	be detached far use as the burial-transit permit. Then plet	ed with the State Dept. af Health priar ta burial, crematian, ar remaval, and Th'any event, wi
THE UK ATTEM	may be retained	RAL DIRECTOR: /	director, page 3 shauld	be filed with the
AROUN O	Page 4 1) FUNE	director,	shauld

	14935	<i>PP</i> –			CERTIFICA	TE OF DEATH				1494	5
	ECEASED-NAME	First		Middle		Last	2a.	DATE OF DEATH			2b HOUR
(1	Type or print)	Ch	arles	T.	R1	chards		Oct.	th 30. Do	1968 Year	11:07
3 SI	X		4. RACE		5.	DATE OF BIRTH		6. AGE	(In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS
	Male		Cauca	sian	J	an. 29-1	893	X	X75YRS.	MONINS PAGE	NOCKS MIN
	BIRTHPLACE (State or fo	reign	b. CITIZEN OF WH	AT COUNTRY?	8 MARRIED	NEVER MARRIED	9. COL	UNTY OF DEATH			
Lau	ntry) Maryl	and	USA		WIDOWED			ince Geo			W
10-0	CITY OR TOWN OF DEAT	Н	11 NA	ME OF HOSP TAL OR INS	STITUTION (If nat a	n hospital 12a US	UAL OCC	JPATION (Kind of	work done	12b KIND OF	BUSINESS OR
	Cheverly			nce Geo.G				red was		AS CO.	
	USUAL RESIDENCE (Who	ere decease			13c CITY OR TO	ver m	_	13e. STREET AND			
	Maryland			George's	Mt.Rain	HIEF	NO [_]	3414 Ne		<u>street</u>	
14	FATHER'S NAME Fi		Middle	Last		OTHER'S MAIDEN NAME			Middle		Last
L	JOHN	The second second second	Richard			la Seige:	L.		- 1	iash/2	2 70
	WAS DECEASED EVER II		D FORCES? or dates of service)	166 SOCIAL SECURITY		ormant in F. Ric	ham	4a- 331			
-						III F. RIC	I ter I (10-))1	. T D		MATE INTERVAL
	18 CAUSE OF DEATH PART I. DEATH W					on with My	000	dial Tai	inword.	BETWEEN C	INSET AND DEATH
		IMMEDIAT	E CAUSE (o)	Coronary	Occiusi	on with My	ocar	diai IIII	alcul	011	
	4109		DUE TO, OR A	S A CONSEQUENCE OF							
	Canditions, if any, wh		(b)								
	stoting the underlying		DUE TO, OR A	S A CONSEQUENCE OF							
	last.	J	(c)	CHO YO SEATH BUY H	AT DELITED TO T	Up replicate Direct Of	COMPLE	AN CIVITY IN BAD	T 17.3		
	PART 2 OTHER SIGNI	HCANI CONL	ILIUNZ COMIKIROI	ING IO DEATH BUT N	OT KETATED TO T	he terminal disease of	KCONDI	TUN GIVEN IN PAK	1 1(0)		
N N	19e. DATE OF OPERATIO	N 105 C	ANDITION FOR WHI	CH OPERATION WAS PE	DEUDWED	2Da. AUTOPSY?		20h JE YES WE	RE FINDINGS	CONSIDERED IN C	FRTIFYING
CERTIFICATION	TAGE DATE OF OTERATIO	170 6	DESCRIPTION FOR SHIP	CITOTERRION TRATE	KI ÇKINED	YES KOK NO [7	CAUSES OF DEAT	TH?		
E	210 ACCIDENT WAS I	JNDERLYING	216 TIME OF	INTERY	21r. HOW	INJURY OCCURRED (En		re of injury in Par	Yes		
WEDICAL	OR CONTRIBUTING	AUSE OF DEATH	HOUR A.M	Manth Day Year		moon occomes (E)	roi ngibi	e or injury in ror			
WED	(If either, natify medited in the control of the co	D 21e P	ACE OF INJURY A	AT HOME, FARM, STREET, FA	CTORY \ 21F LOCA	TION Street at R.F.D 1	ła	City or Town		County	State
	While Not while									,	
	at wark at work	rt (1) (4bus	shesewall atte	aded the deceas	ed fram 4	hat in (my) (xw) a oth.	68	to Oct.	30 19	.68_ , that	(I) steam) to
	saw the dec	eased ali	ve an Oct	. 30	968_, and t	hat in (my) (sew) a	pınian	death accurre	d an the d	ate and hour	and from th
	causes state	d abave,	(I) (M/6) (qiq) (dency view the	bady after de	oth.			- 00	DITE CONED	
	226 SIGNATURE	Rover	·B B	and (DEGREE	ATTENDING PHYS	MED	STAFF	720	DATE SIGNED	
	22d PHYSICIAN S					PHYS 22e ADDRESS	DIRECTO			oct. 30	1968
	NAME (Type)	DLIVE	R. B.	BONI	I.M C	LANHAN		MARYL		208	01
220	BURIAL, CREMATION,	23b D	ATS		CEMETERY OR CR			LOCATION (C ty o	or Iown)	(County)	(State)
230	PEMOVAL (Specify)		. 2-68			emetery		O	3 34		,
24	FUNERAL D RECTOR	-	Bida.	ADDRESS	Was	h. Do. REN	PY REG	ISTRAR 25b	REGISTRAR	SIGNATURE	
	mmons Br	os.	1661-Gd	. Hope H	Rd. S.H	DATE	UV	4 1968	goli	arles In	rdgs.



			,				E DEPARTMENT				
1	1			14936	tem 5 FilmGu	ECORDS, 301 W	PRESTON STREET,	BALTIMORE, MAI	RYLAND 21201		
	_		٠.		cew 2 trrund	CERTI	ICATE OF DEA	TH	1	4946	
	€ −2 €			CEASED-NAME First		ıddle	Last	2a. DATE OF	DEATH	2b, HOU	R
-	r death. Tuneral Tand 2 er death.		L U	ype ar print) J	acquetine	J. Ri	chardson	Oct.	Manth 7, Doy	1968 ^{ear} 4:20	P
	E _ E		3. SE		4 RACE		S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HI MONTHS DAYS HOURS M	RS.
	5			Female	Caucasian		12-30-31	1930	last hirthdoy)	MONTHS DV17 SOOR7 W	1909.
9	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the haspital or attending physician. SIRECTOR: After this certificate has been signed by the attending physician and completely filled be over the funeral endings and the state between the burial-transit permit. Then please remove carbon papers and and and a shall be burial-transit permit. Then please remove carbon papers and and a state Dept. of Health prior to burial, cremation, ar removal, and in any event, within 70 feets after death.		7a E cour		b. CITIZEN OF WHAT COUNTI USA	RY? 8. MARR WIDOV		Prince	George's		M
	file file	1	10 0	TY OR TOWN OF DEATH	II, NAME OF HOS	PITAL OR INSTITUTION	If nat in hospital 12a	. USUAL OCCUPATION	(Kind of wark dane	12b. KIND OF BUSINESS OR INDUSTRY	
	with ely bon wit	14	C	heverly USUAL RESIDENCE (Where deceased	Prince	Geo Gen'1	Hospital	ring most of working NONE	ine, even a renred ;		
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon page shauld be filed with the State Dept. of Health prior ta burial, crematian, ar remaval, and in any event, within Many event.	1	130 odm	uSUAL RESIDENCE (Where deceased ssion) STATE aryland	lived, if institution Reside 13b COUNTY Prince Geor	nce before 13c, (11)	OR TOWN 138 INSEC	DE CITY LIM TS? 13e. STI	REET AND NUMBER OLD FO:	restville Rd.	
	exe emo emo			ATHER S NAME First	Middle	Last	IS. MOTHER'S MA-DEN N	IAME First	Middle	Lost	
1	be n dr			Harry	Richardson		Martha K	lotz			
J	ate ircia an			WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b. SOCI/ or dotes of service)	AL SECURITY NO	7. INFORMANT		Address	Rd.	
1	phy 2			35, og er unknown) (15 yes give war			Martha R. I	<u>Richardson</u>	7771 016	l Forestville	_
	ng The			18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I	one cause per line far (a),	(b), and (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	eath endi mit. ar r			IMMEDIATE	CAUSE (a)	UREMIT					
	att att			5733	DUE TO, OR AS A CONSE						
	the the sat mati			Conditions, if any, which gove a rise to immediate cause (a),	(b) CA	KENIS K	ELAL	INSUFF.			_
	the day			stating the underlying couse	DUE TO, OR AS A CONSE	QUENCE OF					
	res ysici ned ial-fial-fial-fial-fial-fial-fial-fial-f			last.	(c)						_
	The law requires the attending physician. thas been signed by se as the burial-trails the prior ta burial, cre			PART 2. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO D	EATH BUT NOT RELATE	TO THE TERMINAL DISEAS	SE OR CONDITION GIVE	N IN PART I(o)		
	w raing ding een een the rta		8	66- 1							_
	e la ten ten ss b as as	2	CERTIFICATION	196. DATE OF OPERATION 196. CO	NDITION FOR WHICH OPERAT	TION WAS PERFORMED	20a. AUTOPSY?	CALICEC	YES, WERE FINDINGS OF DEATH?	CONSIDERED IN CERTIFYING	
	r at r at a se be	Them.	ERTIF	21a. ACCIDENT WAS UNDERLYING	Tall Time or intiling			NU KK		1. 201	_
	AN: of o of o icat icat far far Hec			OR CONTRIBUTING CAUSE OF DEATH	215. TIME OF INJURY HOUR A.M. Month	Doy Year	. HOW INJURY OCCURRED	(tinter nature of injul	ry in Port I or Port 2,	Item 18.)	
	Spit spit spit spit spit spit spit spit s		MEDICAL	(If either, natify medical examiner 21d. INJURY OCCURRED 21e. Pl	P M ACE OF INJURY (AT HOME, FA	19	100171011 5		7	f	_
	OR ATTENDING PHYSICIAN: be retained by the haspital or DIRECTOR: After this certificate is 3 should be detached far u ed with the State Dept, of Heali			While Nat while at wark			LOCATION Street ar R F		or Tawn	County State	
	by Stal			22a. I certify that (this saw the deceased alw causes stated above,	haspital) attended th	e deceased fram	Oct. 6,	. 19_68_, to_0	ct. 7, 19	68_ , that # (we) !	a
_	ned R: /			causes stated above.	(bx(we) (aid) toldanos)	₹iew the body af	er death.	ir) apiman ueum c	accorreg an rife ac	are and mater and fram i	111
	P S C S S S S S S S S S S S S S S S S S			22b. SIGNATURE	1 //	1			22c	DATE SIGNED	_
	OR C			14 15	Jughan	m 1	EGREE PHYS.	MED DIRECTOR	STAFF PHYS. O	ct. 8, 1968	
	ral			22d. PHYSICIAN'S NAME (Type)	0		22e ADDRESS				
	Page 4 may 1 O FUNERAL D director, pages shauld be file			R	oger B. Ingh					ital Cheverly	_
	Page O FUN direct		23a.	BURIAL, CREMATION 23b. DA		. NAME OF CEMETERY			N (City or Town)	(County) Marking no	
	5				-10-68 E	piphany C	hurch Cemet	ory For	stville, M	M. Fr. Ges.	
	VR A15 (30M REV. 1	R.D	24	FUNERAL DIRECTOR	Home 4308 3	ADDRESS		REC'D BY REGISTRAR	2Sb REGISTRAR'S		
	JUM REV. I	100	_	Triological Tarrelati	1, 11,10 4,00 0	THE OPERIOR IN	DATE	OCT 11	1968 gch	only Judge	



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that th≡ death cert

Page 4 may be retained by the haspital or attending physician.

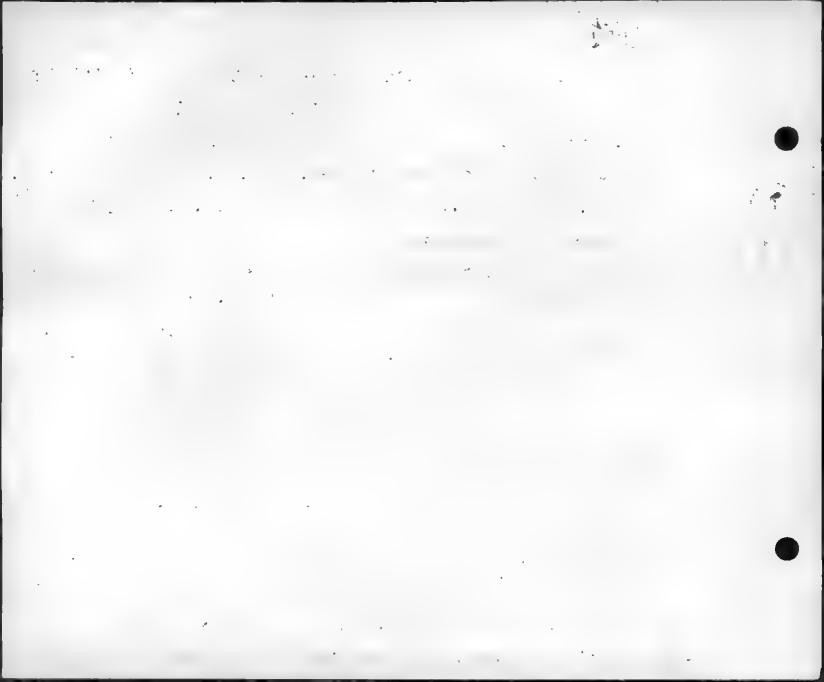
executed within 24 haurs after death.

and campletely filled in by the remove carbon papers. Page

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

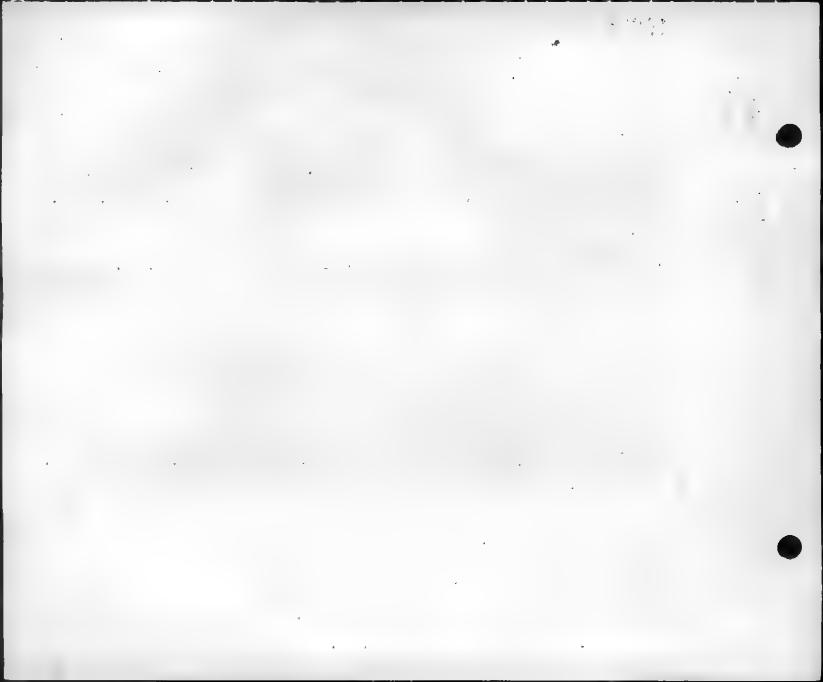
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Male White 70 BIRIMPLACE (State ar foreign country) Maryland USA WIDOWED 10 CITY OR TOWN OF DEATH RIVerdale, Md. 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital prow stage address) Memorial Hosp. 120 USUAL OCCUPATION (Kind of work do during mast) of work, ng life, even if retree Address WIDOWED 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast) of work, ng life, even if retree Sale State and Number WIDOWED 120 USUAL OCCUPATION (Kind of work do during mast) of work, ng life, even if retree Sale State and Number WIDOWED 121 USUAL OCCUPATION (Kind of work do during mast) of work, ng life, even if retree Sale State and Number WIDOWED PART I DEATH (Enter only one couse per lime for (a), (b), and (c).) PART I DEATH WAS CAUSE DY: IB. CAUSE OF DEATH (Enter only one couse per lime for (a), (b), and (c).) PART I DEATH WAS CAUSE DY: IB. CAUSE OF DEATH (Enter only one couse per lime for (a), (b), and (c).) PART I DEATH WAS CAUSE DY: IB. CAUSE OF DEATH (Enter only one couse per lime for (a), (b), and (c).) PART I DEATH WAS CAUSE DY: IB. CAUSE OF DEATH (Enter only one couse per lime for (a), (b), and (c).) PART I DEATH WAS CAUSE DY: IB. CAUSE OF DEATH (Enter only one couse per lime for (a), (b), and (c).) PART I DEATH WAS CAUSE DY: IB. CAUSE OF DEATH (Enter only one couse per lime for (a), (b), and (c).) PART I DEATH WAS CAUSE DY: IB. CAUSE OF DEATH (Enter only one couse per lime for (a), (b), and (c).) PART I DEATH WAS CAUSE DY: IB. CAUSE OF DEATH (Enter only one couse per lime for (a), (b), and (c).) PART I DEATH WAS CAUSE DY: IB. CAUSE OF DEATH (Enter only one couse per lime for (a), (b), and (c).) PART I DEATH WAS CAUSE DY: IB. CAUSE OF DEATH (Enter only one couse per lime for (a), (b), and (c).) PART I DEATH WAS CAUSE DY: IB. CAUSE OF DEATH (Enter only one couse per lime for (a), (b), and (c).) IB. CAUSE OF DEATH (Enter only one couse per lime for (a), (b), and (c).) IB. CAUSE OF DEATH (Enter only one couse per lime for (a), (b), and (c).) IB. CAUSE	MONTHS OAYS HOURS MAN RES. MONTHS OAYS HOURS MAN RES. MONTHS OAYS HOURS MAN RES. MONTHS OAYS HOURS MAN MAN RES. MONTHS OAYS HOURS MAN MAN MAN MAN MAN MAN MAN MAN
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YES NO Y 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part	GS CONSIDERED IN CERTIFYING
S The state of the	t 2, Item 1B.)
(If either, not fy medical examiner) P.M. 19	
21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No City or Town	County State
lat work — at work —	10 / 0 1 / /0 / 11
22a. I certify that (I) (this haspital) attended the deceased from 22 350, 1948, to 8007, saw the deceased alive on 9007, and that in (my) (aur) apinian death accurred on the	19 <u>68</u> , that (I) (we) las
couses stoted above, (1) (we) (did not) view the body ofter death.	, date ond floor ond from the
	22c DATE SIGNED
DEGREE PHYS DIRECTOR PHYS.	8 OCT 1968
22d. PHYSICIAN'S C.) - HOUMANN 22e. ADDRESS RIVERNALE	
	MT
230. BJRIAL CREMATION, 23b DATE 23 MAMS OF CLIMETERY OF CREMATORY 23c IDEATION (City or Town)	
11 January 100, 100 11 101	(County) (State)
Do 21. H Domardon / Loures m & Date OCI 14 1468 4	



Benning Rd., N.E.

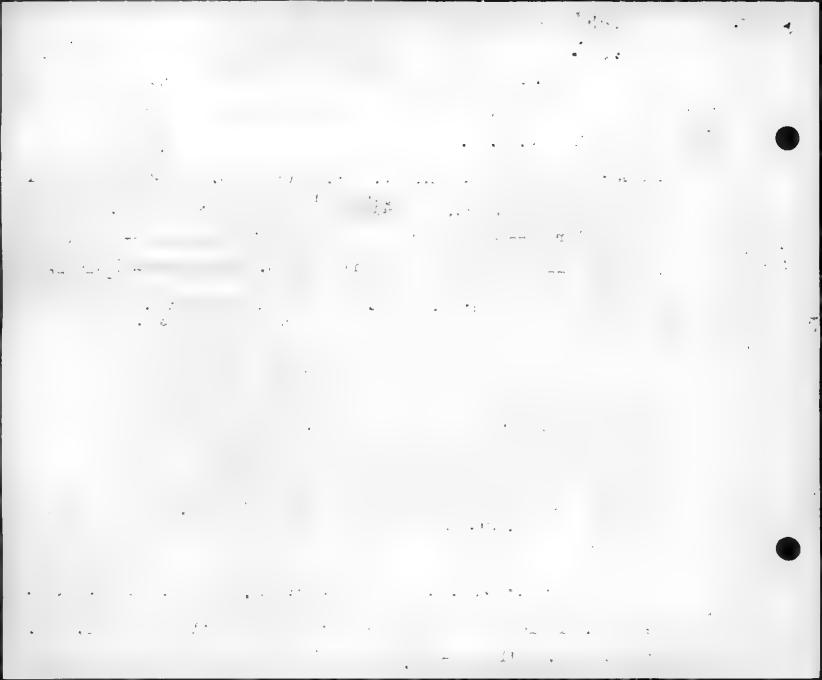
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Itom#5.6. FilmGlo6 11/20/68 km CERTIFICATE OF DEATH 14950 2g, DATE OF DEATH I. DECEASED NAME Middle 2b. HOUR tetely filled in by the funeral arban papers 2 ages 1 and 2 arban to within 2 books after death. executed within 24 haurs after death (Type or print) Adolph Rodenhauser 1968 4 RACE DATE OF BIRTH 6. AGE (In years 7 1F UNDER 1 YEAR 3 SEX lost birthgay) January Male White 7b CIT-ZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED MEVER MARRIED New York U. S. A. WIDOWED DIVORCED [Pr. Geo. IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 26 KIND OF BUSINESS OR give street address) during most of working life, even if refired)
(Fireman) Retired INDUSTRY Govmnt carban Cheverly
13a LSUAL RESIDENCE (Where deceased lived, if institution: Residence before Hospita 3d INS DE CITY JIM TS? 13e. STREET AND NUMBER and in any event, 13c CITY OR TOWN admission) STATE and comb 13b. COUNTY YES 🗀 NO 5519 Belva Maryland 14. FATHERS NAME 15. MOTHER'S MAIDEN NAME First Peter -- Rodenhauser Margaretha Voll please requires that the death certificate Address Same 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Items Yes, no, or unknown) 23 Anneliese M. Rodenhauserar remayal, 38-1 3-C 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit permit. IMMEDIATE CAUSE (a) Myocardial Hypertrophy, severe, (750) grms. burial, crematian, with heart failure. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove) rise to immediate cause (o), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending p as the O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION CAUSES OF DEATH? YES XX NO -Oct.4,1968 Page 4 may be retained by the haspital ar 21c. HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY jo OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) be detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Nat while at work , 19 (1) /, to Oct. 8 , 19 68 , that (1) *week last 22a. I certify that (1) (\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\exitit{\$\text{\$\text{\$\tex{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$ saw the deceased alive an Oct 8 1968, and that in (my) (Qu) apinian death accurred on the date and haur and from the causes stated above. (1) (did) (didator) view the bady after death. plnous 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE director, page should be filed 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) Prince George's Plaza, Hyattsville, Md. Aaron Deitz, M. D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 23a. BUR AL, CREMATION, 23b. DATE (County) (State) Cremation 10/10/ Cedar Hill Crematory Suitland PrGeo. ADDRESS
Upper Marlboro
Date OCT 256 REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 1968 Ritchie Bros. Fun'l Home-

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	PLACE OF DEATH					2. USUAL RESIDE	NCE (Where de	eceased lived, if inst t	Ltion Residen	ce before (adm ssion)	
,	o. COUNTY Pri	nce Geor	30 1 s		MARYLAND	o. STATE	ryland	d	UNTY Pri	nco	-eor	j0.
-	CITY OR TOWN (IF	outside corporate imit give negrest town)	5,	c. LENGTH OF	STAY IN 16	c CITY OR TOWN	(If outside car	rpar <mark>ote</mark> limits, write R	URAL and give	neorest t	lown)	
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(L OR INSTITUTION (If no		give street addre	(22)	d. STREET ADDRE					IS RESIDENCE ON A FARM2	
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(Type or print)	dna		Floren		Rogers		ATH OCLO	_	16	19 68 FUNDER 24 H	
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15		enton Tu		SOCIAL SECURITY	/ NO 17	INFORMANT	a nit		Iress			_
(Ye	s, no, or unknown) (If yes give war or dates	of service)	770543		indrew C	Roger	****	as a	hore		
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	PART I. DEATH	I WAS CAUSED BY:		4/009		C PN	EUMI	ON IA.		ONSE	Y AND DEATH	2.
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	Canditions, if any,	which gave		4RC1	NOM	A. 14 F	3001	MIN AL		12	50	4_
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	last.)	(c) C/	FCINC)M/>	B LA	JDDE	= 1		1 %	yrs	•
z	PART II. OTHER SIG	NIFICANT CONDITIONS	ONTRIBUTING	TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEA	SE CONDITION	GIVEN IN PART 1(a)		19 W	VAS ÁLTOPSY ERFORMED?	
AT	1810										☐ NO	
CERTIFICATION	20a ACCIDENT WAS OR CONTRIBUTING (20b DB	SCRIBE HOW IN	JURY OCCURRED	. (Enter nature of inj	ury in Part 1 a	r Part II af item 1B.)				
	(IF EITHER, NOTIFY A	MEDICAL EXAMINER)									·	<u></u>
MEDICAL	20c. TIME OF INJUI	RY Month, Day, Year	20d II While	NJURY OCCURRE		ACE OF INJURY (Hom ctary, street, office bld		Of. (City or tawn)	((0	unty)	(Stote)
Z	p.m	. 19	ot war	k 🔲 atwork					(6 10	/5	. (1) ()	
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	220. 3101011041	hand I	Ill a	w	1	ATTENDING I.D PHYS.	MED. DIRECTO	OR PHYS.		1-16		7
	22c PHYSICIAN'S	New my	Victor			22d. ADDRES	5		1		2-0	
	NAME (Type)	DR RIC	LARD	F. Sh	AW	132	4-1h	12414HN	AVA	. 1	E	
230	BURIAL, CREMATIO	N, 23b. DATE TH	EREOF		OF CEMETERY OF	CREMATORY	230	LOCATION (City or	Town)	(County)	(Stote)	
	REMOVAL (Specify)	10/10	/1368	Tort	Linco	oln Ceme	tery	Colmar M	anor	Mar	ralan	4
24	. FUNERAL DIRECTOR			ADDR	E S S	250	. REC D BY RE	GISTRAR 2Sb	REGISTRAR'S S	SIGNATURE	U	
	allev's	Funeral	Home	PIT R	ainier	a Bild DAI	OCT 1	8 19618	gelian	YEAR Y	MARC	

leath hin 24 hours ofter death. nd TINITIES DIRECTOR: After this certificate hos been signed by the attending physician and compilerly filled in a director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 ha TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be ex Page 4 may be retained by the hospital or attending physician.

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Home-4001 Benning

30M REV.

Rd.

MARYLAND STATE DEPARTMENT OF HEALTH





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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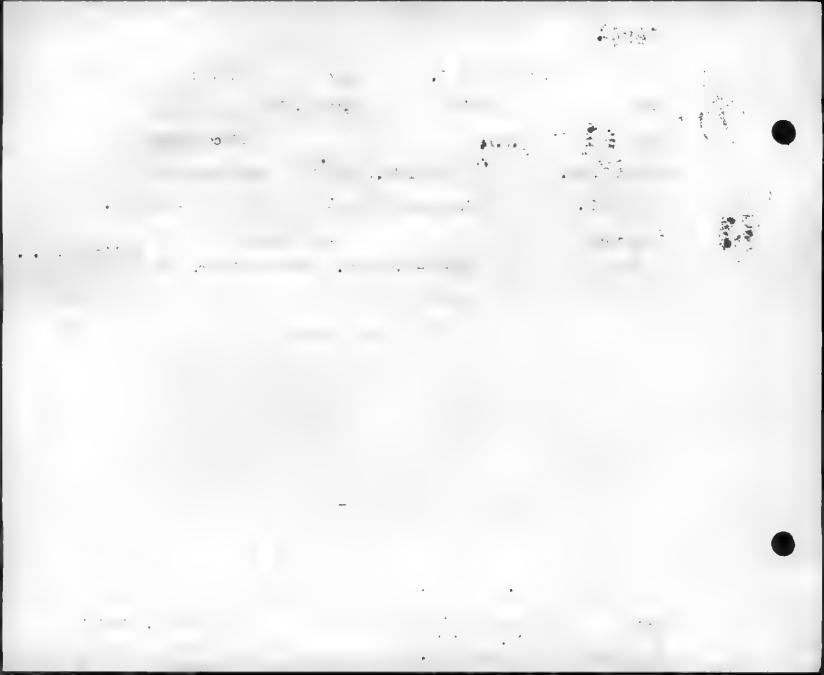
within 24 hours after death.

ompletely filled in

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exercted Page 4 may be retained by the hospital or attending physician.

	ECEASED NAME	First		Middle		Lost		20 DATE OF			2b. HOUR
(Type or print)	Nati	an	H		Rose		Octob	er Month 15	1968	9;00PM
SE	EX		4 RACE			S. DATE OF BI	RTH		6 AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male		7	hite		May 19	, 1909		lost birthdoy)	RS. MONTHS DAYS	HOURS MIN
0.	BIRTHPLACE (Stote or fo	oreign 7t	. CITIZEN OF WH	AT COUNTRY?	8. MARRIED	NEVER MAR		9. COUNTY OF	DEATH		
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0	mon Hill,	Md		reet oddress) 07 Palmer			during mo	ist of working leet. Me	life, even if retired	J.) INDUSTRY	
Зо.	USUAL RESIDENCE (Who		lived, if institut				138 INSIDE CITY LIN	4.75? 13e ST	REET AND NUMBER		
am	nssion) STATE	7	13b. COUNTY	rine Geor	000	n Hill	YES NO	111	07 Palmer	Rd	
4.	FATHER'S NAME FI	rst	Middle	Lost	1	S MOTHERS MA	AIDEN NAME FI	rst	Middle		Lost
_ ;	Sem Rose					Dora	Coope	r			
160.	. WAS DECEASED EVER I	N U.S. ARMED		16b SOCIAL SECURITY I	NO. 17.	INFORMANT			Address	ashingto	n. D.C.
	res, no or unknown)	(II) 43 grav in the	00.03.01.3514(6)	066-01-0	128 M	rs. Che	rles E	ttinge	r. 9603 C	leveland	Lane
				e for (o), (b), and (c))				•		MATE INTERVAL ONSET AND DEATH
	PART I. DEATH W		Y: CAUSE (o)	Myocardia1	Infa	rction				1 D	ay
	4109			S A CONSEQUENCE OF							
	Conditions, if ony, wh		(b)	Gener	alize	d Ather	osclero	osis		Yea	rs
	rise to immediate co stating the underlying		. ,	S A CONSEQUENCE OF							
	lost.)	(c)								
	PART 2 OTHER SIGNII	FICANT CONDI	TIONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED T	O THE TERMINA	L DISEASE ORCO	ONDITION GIVE	N IN PART I(o)		
NO.	4 101										
CERTIFICATION	190. DATE OF OPERATIO	DN 196. CO	NDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20o AUTO			YES, WERE FINDING OF DEATH?	S CONSIDERED IN C	ERTIFYING
MIE!						YES [NO [
	210 ACCODENT WAS E		216 TIME OF HOUR A.M.	NJURY Month Doy Year		OW INJURY OCC	URRED (Enter	noture of inju	ry n Port 1 or Port	2 Item 18)	
MEDICAL	(If either, notify medi	icol exominer) P.M.	, 1	9						
Æ	21d. INJURY OCCURRE	ED 21e. PL	ACE OF INJURY (AT HOME, FARM STREET, FAI OFFICE BUILDING ETC	CTORY) 21f L	OCATION Stree	et or R.F.D. No.	City	or Town	County	Stote
	While Not while of work									/ 3	
	22a Certify the	of () (this	haspital atte	nded the deceos	ed fram_			50 , to	occurred on the	19_68_, tho	(we) last
	couses stote	ieosea oiiv ed abave. (e on LV L (we) (did) ((did not) view the	hody after	death.	y) (our) opir	nion death	occurred on the	date and nour	and from the
	22b. SIGNATURE		() ((())		mo				2	2c. DATE SIGNED	
		Stich	ere H.	Doban	DEGI	REE PHYS.	NG 🔣 MI	RECTOR	STAFF PHYS.	10/15/68	
	22d. PHYSICIAN S		1 D 1			22e. ADD					
	NAME (Type)	tichar	d H. Dol	oson, M. I		Bran	dywine,	, Maryl	and 206	13	
230.	BURIAL, CREMATION,	23b DA	TE	23c NAME OF				23d LOCATIO	ON (City or Town)	(County)	(Stote)
	REMOVAL (Specify)		17/68	King Da		eme try		Falls	Church,	<u>Virginia</u>	
-	FUNERAL DIRECTOR M	Alexan	dria, V	Lrgini	Dec	1	250. RECD BY	REG STRAR	25b REGISTRA	VES SIGNATURE	
1	The Demain	e Fune	ral Home	es, Inc		7	DATE U	T21	1968 200	liantes for	Topic .

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers in an 2 and 2 should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any event, within 12 hours after death. VR A15 [4] 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

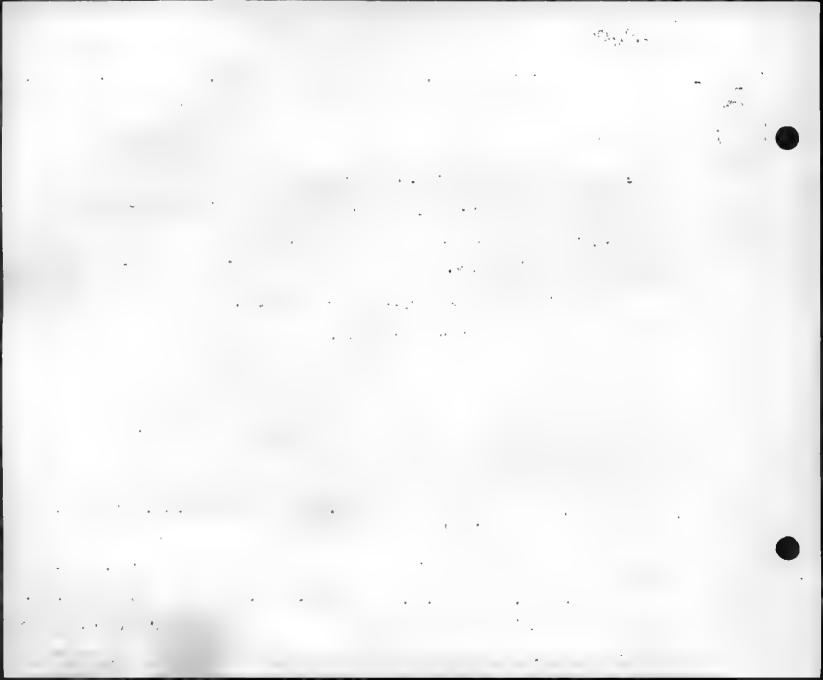
CERTIFICATE OF DEATH

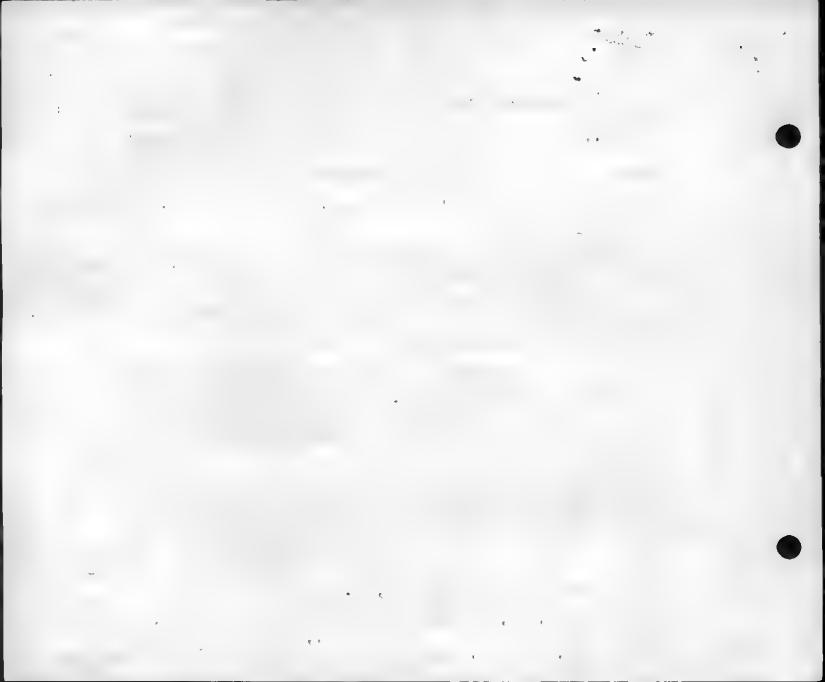
14955

		CEASED NAME	First	Middle		Lost	2a DATE OF			2b. HOUR
	(1	ype ar print)	George	М.	Rou	ntree	Oct.	Month 22.	1968 Year	1 P. M
	3. SE	Х	4. RACE			DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		Male	Cauc	asian		189	98	lost birthdoy) 70 yrs	MONTHS DAYS	HOURS MIN.
	7o. B	BIRTHPLACE (State or fore		WHAT COUNTRY?	8 MARINDIED (-)		9. COUNTY OF			-}
		itry)		11 6	WIDOWED	DIVORCED				60.1
	In c	THE ORGER	111	. NAME OF HOSPITAL OR INS			Prince	George's	1125 KIND O	F BUSINESS OR
A.		Cheverly	gr	ve street oddress)		during me	ost of working l	life, even if retired,	INDUSTRY	FOOD CO
			deceased lived, if insti	tutian: Residence before	13c CITY OR TO	INN 13d INSIDE CITY U	W 157 13e. 511	REET AND NUMBER	(4) MN	TOOD CO
	admi	ission) STATE	13b. COUNTY	1		YES 🔀 NO	013	3 6th Str	-oot	
1		ATHER'S NAME FIRST	Middle	George's	Lanham	NOTHER'S MAIDEN NAME F		Middle	EEL	Lost
	/	BEORGE	ger-Ma.					11114014		2071
	16a	WAS DECEASED EVER IN I		OUNTREF	O. 117, INFO	DAKN	W M	Address		
			yes give war or dates of service)	UNKHOW		ORGE A. ROL	NTREE		AS #	13
		NO. 1			V GIE	01/0-1-11/10-	1111111111	. , 2// 1		XIMATE INTERVAL
		1B. CAUSE OF DEATH (I PART I. DEATH WAS	inter only one couse per CALISED RY:	r line far (a), (b), and (c).)		1.41	4		BETWEEN	ONSET AND DEATH
			MMEDIATE CAUSE (0)	proneno-p	neumon1	a - bilatera	aT.			
				R AS A CONSEQUENCE OF						
		Conditions, if any, which	1 gave) (b)_	Chronic N	ephriti	S.				
		stating the underlying		R AS A CONSEQUENCE OF						
		lost.) (c)_							_
		PART 2 OTHER SIGNIFIC	ANT CONDITIONS CONTR	BUTING TO DEATH BUT NO	T RELATED TO T	HE TERMINAL DISEASE OR C	ONDITION GIVEN	I IN PART 1(a)		
	z.	1 , 2 X								
	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION WAS PER	FORMED	20a. AUTOPSY?		YES, WERE FINDINGS	CONSIDERED IN	CERTIFYING
1	TEI					YES XXX NO	CAUSES	OF DEATH?		
		21g ACCIDENT WAS UN		OF INJURY	21c HOW	INJURY OCCURRED (Enter	nature of injur	y in Part 1 or Part 2	, Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUS								
		21d. INJURY OCCURRED	21e PLACE OF INJUR	Y / AT HOME FARM, STREET, FACT	ORY.) 21f. LOCA	TION Street or R.F.D. No.	City	or Town	County	State
		While Not while at work		OFFICE BUILDING, ETC.	1					
		22a. I certify that	(# (this hospital) a	ottended the deceose	d from Oc	t. 13. 196	8, ta0	ct. 22.1	9 68 , tha	t (We) last
		saw the deced	sed alive on Oc	t. 22l	9.68., and t	hat income (our) opi	nion deoth o	occurred on the o	date and hour	and from the
		causes stoted	obove x({}) (we) _{ (di	d) (djd,qq t) view the b	ody after de	oth.				
		22b. SIGNATURE	R	//		ATTENDING W	ED 🗆	STAFE -	c, DATE SIGNED	
	Ш	1/27	n11. Ju	Thomas 1	DEGREE	PHYS. 🗀 D	RECTOR -	PHYS. L. C	oct, 22,	1968
	П	22d. PHYSICIAN'S NAME (Type)	/			22e. ADDRESS				
1			Coper B. Ir	gham. M. D.		Prince Geo	•		Cheverl	y, Md.
	23a	BURIAL, CREMATION,	23b. DATE	23c. NAME OF C	EMETERY OR CR	EMATORY		N (City or Town)	(County)	(State)
^	13	REMOVAL (Specify)	10-15-19		LINCOL		POLMI			CHAIL
-0	24.	FUNERAL DIRECTOR	0	ADDRESS	_	2So. REC'D B		25b. REGISTRAR		
W	11/	1.W. CHAME	RERC (A.	RIVERDAL	E, /YI	ONECT 2	8 1968	3 July	elas Judy	

iy filled In by the funeral on 2 Pages I and 2 within I hours after death. IN HOURITAL OR ATTENDING MIYSKIAN: The law requires that the Jeath certificate of executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and carabet by directar, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbor shauld be filed with the State Dept of Health priar to burial, crematian, ar remaval, and in any event, but Page 4 may be retained by the haspital ar attending physician.

VR A15 4





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH Middle Lost 2a, DATE OF DEATH 2b. HOUR Month 9, Doy 1968 Girl Baby 7:30Pm Savov Oct. 4. RACE S. DATE OF BIRTH 6. AGE (In years IF JNDER 24 HRS lost birthday) HOURS Negro Oct. 5, 1968

DECEASED NAME # First (Type or print) 3. SEX Female 7a. B.RTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland
10 CITY OR TOWN OF DEATH WIDOWED [DIVORCED . Prince George's II.S.A. 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12c USUAL OCCUPATION (Kind of work done 26 KIND OF BUSINESS OR give street oddress)
Prince George's Gen'l Hospital Cheverly 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY JIMPTS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY Maryland Prince George's Coral Hills 1413 Boone Hill Rd 14. FATHER S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Lost 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, ar unknown) APPROXIMATE INTERVA. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hyalin membrane of lungs with bronchopneumonia IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave t Breech Presentation rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 214 LOCATION Street or R.F.D. No. City or Tawn County State While Nat while at wark 220. I certify that # (this hospital) attended the deceased from Oct. 5. , 1968 , to Oct. 9. , 1968 , that xix(we) lost

sow the deceased alive an 1968 and that courses stated above, (1) (we) (glid) thinking) wiew the body after death. .19 68 and that in (rox) (our) opinion death occurred on the date and hour and from the

22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF PHYS. XX DEGREE Oct. 11, 1968 DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Prince George's Gen'l Hospital Cheverly. Bermardo Alvarado, M. D.

23d. LOCATION (City or Town)

Cheverly, Maryland PriAce Geo. General Hosp. 10/26/ DOPESS 2Sb. REG STRAR'S SIGNATURE 250. REC'D BY REGISTRAR Administrator DATE OCT 29 Parker, 196B

23. NAME OF CEMETERY OR CREMATORY

VR A15 (4)

230 BURTAN CHEMATION

REMOVAJ(Specify)

the attending physician and campletely filled in by the wisit permit. Then please remave carban papers. Pagës matian, at removal, and in any event, within 72 hours after

cremation,

signed by the burial-transit p

has been as the

O FUNERAL DIRECTOR: After this certificate

be retained by the haspital ar

far use Health p

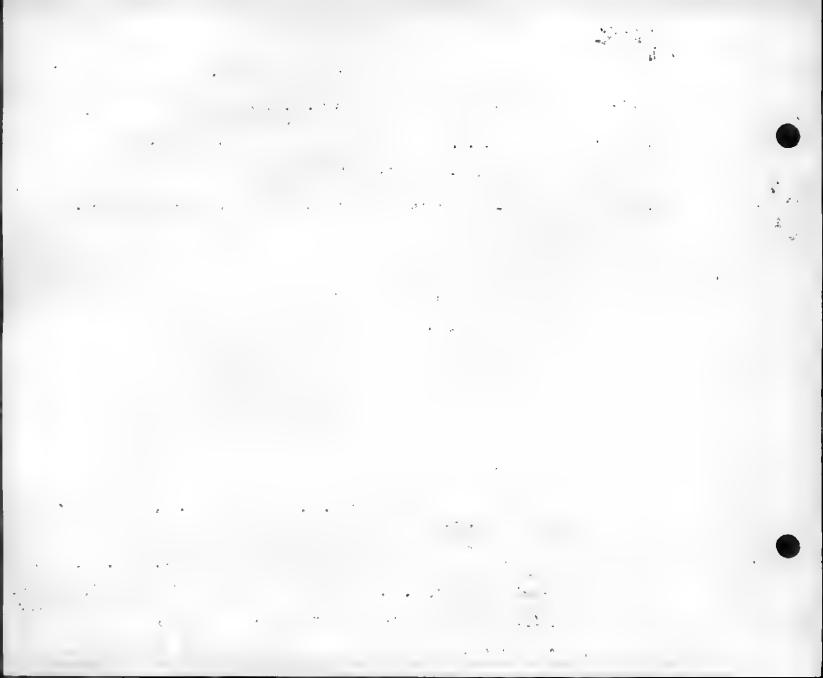
3 shauld by with the S

director, page should be filed

24 haurs off

patri

requires that the death certificate be exe



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14958 CERTIFICATE OF DEATH Inst 2n. DATE OF DEATH October Myrtle Schools 1988 4 RACE S. DATE OF BIRTH 6 AGE (In years HE HINDER 1 YEAR IF TINDER 24 HRS last birthday) DAYS 7/4/1897 Negro 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED U.S.A. WIDOWED TEL DIVORCED [Prince Georges 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Glenn Dale Hospital during most of working life, eyen if retired.) INDUSTRY 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY JIMPTS? 13e. STREET AND NUMBER 136. COUNTY YES Washington 1st Street. Lost 15. MOTHER'S MAIDEN NAME First Middle Crawford Carrie Tucker 16a. WAS DECEASED EVER IN J.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address 1 (III yes give war or dates of service) Decedent APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter on y one cause per line for (o), (b), and (c))
PART I DEATH WAS CAUSED BY. Recurrent cerebrovascular accident with quadri-BETWEEN ONSET AND DEATH mo. DUE TO, OR AS A CONSEQUENCE OF DUE TO OR AS A CONSPONENCE OF @Generalized arteriosclerosis years PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(6) Arteriosclerotic hypertensive cardiovascular disease; pulmonary, tuberculosis, moderately advanced; right mastectomy 1964 for carcinoma of the breast 20a. AUTOPSY?

Conditions, if any, which gove t rise to immediate cause (a). stating the underlying couse 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

NO DO YES T

206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

22a | certify that (3) (this haspital) attended the deceased from 10/18/ , 19 68 , ta 10/31/ , 19 68 , that (5) (we) last saw the deceased alive an 10/31/ 19 68 , and that in (xx) (our) apinion death accurred an the date and haur and from the

City or Town County

Stote

21d INJRY OCCURRED 218. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 23f, LOCATION Street or R.F.D. No. Whe Not while at work at work

210 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(f either, not fy med col exominer)

14948

Female

country)Virginia

10. CITY OR TOWN OF DEATH

Glenn Dale

Yes, no. or unknown)

First

Jacob

odmission) STATE

14. FATHER'S NAME

7o. BIRTHPLACE (State or foreign

First

DECEASED-NAME

(Type or print)

3 SEX

event,

remove

edse

signed by the burial-transit p

O FUNERAL DIRECTOR: After this certificate

should

30M REV 1768

prior to b has been

d

requires that the death certificate be executed with

causes stated abave, (4) (we) (did) (4) (4) (view the bady after death

HOUR A.M.

216 TIME OF INJRY

DEGREE

Arlington National

ATTENDING

DIRECTOR

STAFF

22c DATE SIGNED 10/31/1968

22d. PHYSICIAN'S NAME (Type)

22b. SIGNATURE

Moe Weiss, M.D.

Month Day Year

23c NAME OF CEMETERY OR CREMATORY

22e. ADDRESSGlenn Dale Hospital Glenn Dale, Maryland 23d LOCATION (City or Town)

(Stote) (County) Arlington, Virginia

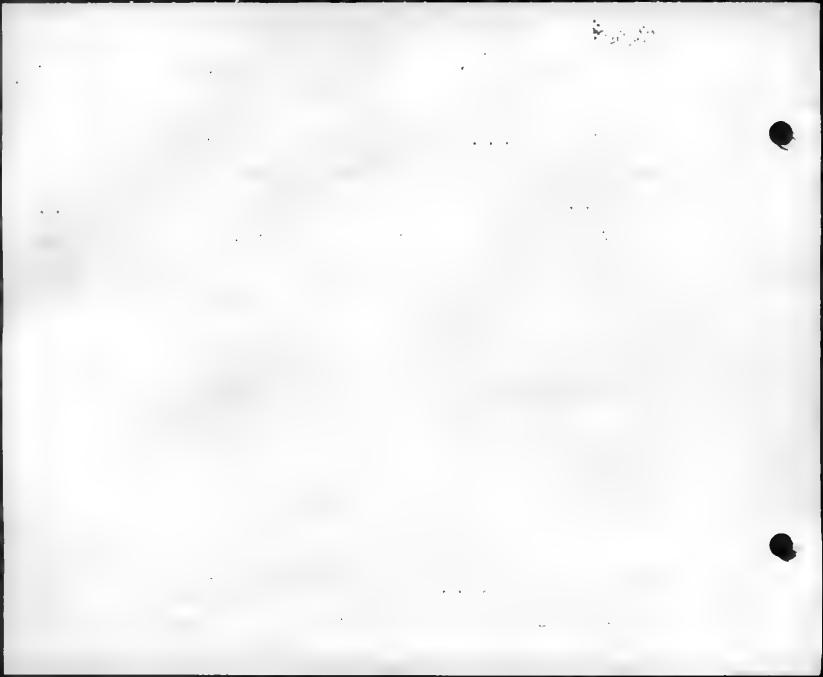
VR A15 (4)

2Sb REGISTRAR'S SIGNATURE

director, page 3 should be filed v 23b. DATE 230 BUR AL, CREMATION, FUNERAL DIRECTOR

11-6-1968

250. REC D BY REGISTRAR



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14548				CERTIFICATE OF DEATH							14303		
		ECEASED-NAME Type or print)	First		Middle		Last		20 DATE OF	DEATH Month_	Day Year	2b HOUR	
			R	obert	vi e		eeley	1 P P P P	Oct.	⊥,	Day 1968 ear	7:15P	
	3. 5	EX		4. RACE			S. DATE OF E	-		6 AGE (In years last birthday)	MONTHS DAY		
1 /		lale			asian		March	4, 3000			YRS.		
	7o.	BIRTHPLACE (State or fare ntry)	ign 7	b. CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER MA	KKIED	9. COUNTY OF				
		of follow, v			Tua	WIDOWED		ORCED		e George		Mo	
1		CITY OR TOWN OF DEATH Cheverly			NAME OF HOSPITAL OR restreet address)	institution (if no Gen 1 Ho	it in hospitol OSD it a	1 during mo	st of working	(Kind of work d	ane 12b KIND INDUSTRY	OF BUSINESS OR	
	13a	USUAL RESIDENCE (When	e deceosed	lived, f instit	utian: Residence befor	e 13c CITY OR	TOWN	13d INSIDE CITY LIN	4.15? 13e ST	REET AND NUMBER	₹		
`	· Inda	ission) STATE Tryland		Prince	e George's	Hyatt	sville	YES NO	510	2 Annapo	lis Road		
1	14	FATHER 5 NAME First		Middle	Last	15	MOTHERS A	MAIDEN NAME FI		Middl		Lost	
		Ro	dney	II. S	eeley			Unk	novn				
		WAS DECEASED EVER IN Yes, no or unknown)		FORCES? or dates of service)	16b SOCIAL SECURIT		VFORMANT &		٦٠.	Addres	55	-	
		LO CANES OF DEATH	· · · ·		0 (() 0)	1 -			-0)			OXIMATE INTERVAL	
		18. CAUSE OF DEATH PART I. DEATH WA	tater only S CAUSED I	ane cause per BY	line far (o), (b), and (9 0	0	maril	Oml	roles to	BETWEE	ONSET AND DEATH	
		, "	1MMEDIATE	CAUSE (a)	mass	we or	uem	7		Jun	0.1 6	m.	
		Conditions, if any, which	h nave i		AS A CONSEQUENCE		to	V	/	+		0	
		rise ta immediate cau	se (a), (Divestical R AS A CONSEQUENCE O		cur !	upu	ALOL_	MUC	-6	any	
		stating the underlying	cause		Causin			Frank	Ty.			0	
		PART 2 OTHER SIGNIFIC	CANT CONDI	ITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE OR CO	DUDITION GIVE	N IN PART I(a) 4	- 0	10	
	_	PART 2 OTHER SIGNIFIC	nal	red	alhens	lerosi	à cu	in a	thero	sclerol	the a	VI	
	CERTIFICATION	19a. DATE OF SPERATION	19b. CO	NOTION FOR V	WHICH OPERATION WAS	PERFORMED	20c AUT	OPSY?			IGS CONSIDERED IN	CERTIFYING	
	시출						YES [NO T	CAUSE	S OF DEATH?			
	8	210 ACCIDENT WAS UN				21c. H0	W INJURY O	CCURRED (Enter	nature of inju	ry in Port 1 or Pa	rt 2, Item 18.)		
	MEDICAL	OR CONTRIBUTING CAL	ISE OF DEATH I examiner	HOUR A.A		19			,				
	WE	21d. INJURY OCCURRED While Not while at work	21e. Pl	LACE OF INJUR	Y (AT HOME, FARM, STREET, OFFICE BUILDING, ETC	FACTORY.) 21f. LO	CATION Stre	eet or R.F.D. No.	City	or Town	County	State	
		22a. I certify that	16) (this	haspital) a	ttended the deced	sed from	Sept.	23_, 19_6	8_, to_0	ct. 1.	, 19 <u>68</u> , th	at (k (we) la:	
		22a. I certify that saw the dece causes stated	ased aliv Labave,	/e anO. (d) (we) (dia	d) (didpox) view th	_19 <u>68</u> _, and e bady after d	t thất in 60 leath.	אָע) (aur) apir	nian death	accurred an th	e date and hav	ur and fram th	
		22b. SIGNATURE	an	ık	Ozer	, DEGR	ATTEND	ING _ M	ED. RECTOR	STAFF PHYS.	22c DATE SIGNED		
		22d. PHYSICIAN'S			0		22e, AD		RECTOR	11113			
1		NAME (Type)	Faru	k Ozer	M. D.		Prin	ce Geo.	Gen'l	Hospital	.Cheverl	y, Md.	
	23a	BURIAL, CREMATION,	23b DA			OF CEMETERY OR	CREMATORY		23d. LOCATIO	ON (City ar Tawn)	(County)	(State)	
		REMOVAL (Specify)	Cu.		10 17 2	7 7 7 7	7-100	0.5.	ng t-	0. 74	17 , 1 ,	3 2374.	
	24	FUNERAL DIRECTOR	no B	ios	ADDRE	2.7	TIM	25a RECD B	REGISTRAR	25b. REGISTI	RAR S SIGNATURE	}	
8	7	Take Bro	os l'	567Gr	nod Hope	Ra SE		DATE UG	J	1200 Kr	liantes &	nege	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14950

Murphy Funeral Home Anlington, Virginia

14950	DIVISION OF VITAL		ATE OF DEAT		CTLAND 21201	1496	0
IT is an archest	FAND MALE SKINNE	iddle R	Last	20 DATE OF OCTOBE	Manuala Par	^Y 1968 ^{or}	2b. HOUR
3. SEX Male	Caucasian		DATE OF BIRTH		6. AGE (in years last birthday) YRS.	7F JHDER YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. 18
7a BIRTHPLACE (State or foreign (ARTY)LAND	USA	WIDOWED			GEORGES		Md
ID CITY OR TOWN OF DEATH ANDREWS AFB	giye street addre	PITAL OR INSTITUTION (IF not 155) Grow USAF	Hospita	g mast af warking	(Kind of wark dane life, even if retired.)	12b. KIND OF E INDUSTRY	BUSINESS OR
admission) STATE Md.	100	Georges Oxo	n Hill YES	No Dox 25	REET AND NUMBER O2 Clario	n Road	
14 FATHER'S NAME First Paul	Middle E Skinner		MOTHER'S MAIDEN NAM	_	Middle		Lost
160. WAS DECEASED EVER IN U.S.		AL SECURITY NO 17. IN	Joan V Ande FORMANT ather 9502		Address Dr. Oxon F	Hill Md	
Canditions, if any, which g nse to immediate cause stating the underlying ca last.	DUE TO, OR AS A CONSI	QUENCE OF	Z.	Synd	Non9	180	NSET AND GEATH
	T CONDITIONS CONTRIBUTING TO D 196. CONDITION FOR WHICH OPERA		20o AUTOPSY?	20b. IF	YES, WERE FINDINGS (OF DEATH?	CONSIDERED IN CE	RTIFYING
While Mat while	FOEATH HOUR A.M. Month	Day Year 19 IRM, STREET, FACTORY, \$214, 106	W INJURY OCCURRED (I		ry in Part 1 or Part 2, or Tawn	County	State
22a. I certify that (1)	(this haspital) attended the diverse an the diverse and the di	19 (ax), and	that in (my) (our)	g_GC, to_ apinian death o	nccurred on the do	that and hour o	(I) (we) last and from the
22b. SIGNATURE RU	to mo	DEGRE	11117	MED. DIRECTOR	STAFF PHYS		8
22d. PHYSICIANS NAME (Type) Ra	ymond Hintz				ow USAF Ho hington, D		31
Description ()	23b DATE 23b DATE 23c	Anlington N		23d LOCATIO	ON (City or Town) Anlington	(County)	(State)

25b. REGISTRAR'S SIGNATURE

2So REC'D BY REGISTRAR

1968

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the iterator, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after VR A15 (4) 30M REV, 1/68

FUNERAL DIRECTOR

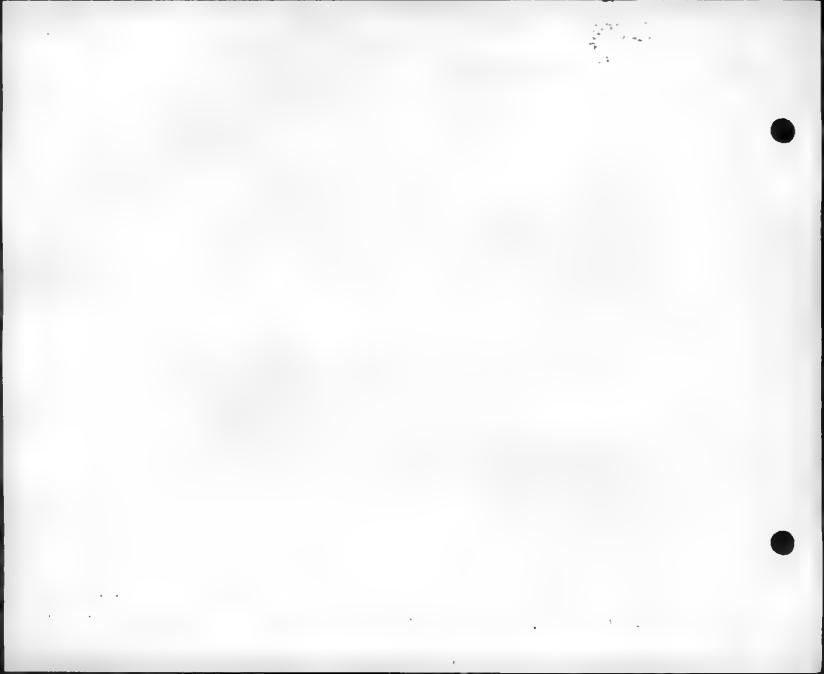
24.

hours after

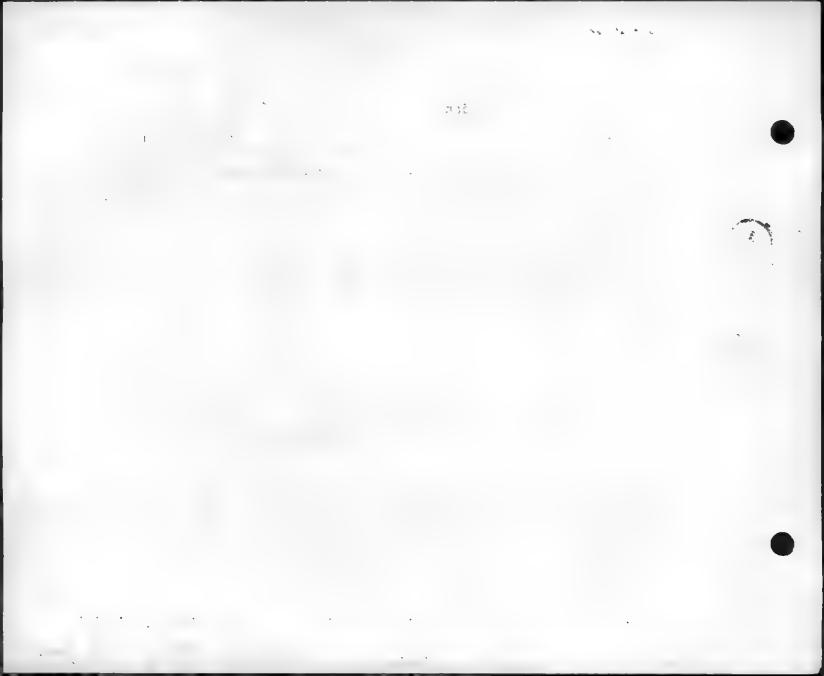
16

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Meath certificate be exeruted with

Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14961 CERTIFICATE OF DEATH 20 DATE OF DEATH 1. DECEASED-NAME -First Last 2b. HOUR executed within 24 hours after death. ours after death. (Type or print) 2 Montober 1988 JOAN VANCE SKINNER 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. 4. RACE S. DATE OF BIRTH 3. SEX last birthday) HOURS June 30, 1936 Female Caucasian 7a BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) WIDOWED | DIVORCED [Prince George's County Wyoming 12a USUAL OCCUPATION (Kind of work done 1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during most of working life, even if retired.) Housewife give street address) Malcolm Grow USAF Hospital Andrews AFB 13g USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY admission) STATE YES 📆 9502 Clarion Road G County Oxon Hill NO 🗔 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Lost First and in Anderson Nancy Vance Gerald the death certificate be Ittending physicial ermit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, na, ar unknawn) Jun 60 - Jan 62 520-34-0/50 Paul E Skinner, 9502 Clarion Rd, Oxon Hill APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: POXEMIA PATE DAY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF PULLIONARY CHBOLI Conditions, if any, which gove) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause 3000 (APKLAGHATIC ADSCESS PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the O FUNERAL DIRECTOR: After this certificate has been V/6 X 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? ADSCESS. DRAINAGE OF for use Health p 1700568 YES T 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town State County While Not while at work . 19 . ta ≥ \ CCT 19 Ck, that \$\Pi\$ (we) last retained causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURB 22c. DATE SIGNED DIRECTOR 22d. PHYSICIAN'S LINGWARD R FARBER 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 230 BURIAL, CREMATION, 23b, DATE REMOVAL (Specify) Arlington National Arlington Virginia Murphy Funeral Home 250 REC D BY REG STRAR 25b REGISTRAR'S SIGNATURE FLINERAL DIRECTOR VR A15 (4) 1968 30M REV. 1768



Sutland

DATE



14953

Frend 2

ion and completely filled in by

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 30

01	W.	PRESTON	STREET,	BALTIMORE,	MARYLAND	21201
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				CEKTIFF	CAIE UF	DEALL				77.7	103	
. DECEASED-NAME	First		Middle		Lost		2a. [DATE OF DEATH			2b.	HOUR
(Type or print)	Soph:	ia	J.		Smith			Mor	r 18	68°		1
SEX Femal	e	4 RACE	White		S. DATE OF 8	6/75		6. AGE last b	(In years irthday) YRS	IF UNDER 1 YEAR MONTHS DAY		R 24 HRS. M N
o. BIRTHPLACE (Stote country) Maryl:	- 1	USA	HAT COUNTRY?	8. MARRIED WIDOWED	NEVER MA	RCED 🗌		NTY OF DEATH Prince		e		Mc
O. CITY OR TOWN OF D	Md.	Pir		rdens	not in hospital	during m	nost of w	PATION (Kind of rorking life, eve :wife		12b KIND (INDUSTRY	OF BUSINESS	5 OR
30. USUAL RESIDENCE (dmission) STATE M	(Where deceosed C	lived, if instituti	ian Residence before	Blade	nsburg	AEZ 🔀 N		13e STREET AND 4110 Ed		n Aven	ue	
14. FATHER'S NAME	Corneli	Middle .us	lost Trest	lee	S. MOTHER'S N		first Lia		Middle	Ke	nsler	
16a. WAS DECEASED EVI Yes, no, or unknown)	ER IN U.S ARMED	FORCES? or dates at service)	16b. SOCIAL SECURITY		INFORMANT				Address		00000	_
unknown	no_		214-14-36 ne for (a), (b), and (c)		Margare	t Tols	on,	Clinton	, Mary		20735 DXIMATE INTER	
Conditions, if any rise to immediat stating the unde last.	e cause (a), rlying cause	DUE TO, OR A (b) (c)	AS A CONSEQUENCE OF									
PART 2 OTHER SO	GNIFICANT COND	TIONS CONTRIBU	TING TO DEATH BUT N	IOT RELATED 1	O THE TERMINA	AL DISEASE OR	CONDITIO	ON GIVEN IN PAR	1(0)			
190 DATE OF OPERA	ATION 19b. CO	NDITION FOR WH	ICH OPERATION WAS PE	ERFORMED	20a AUTO		1	20b IF YES, WE CAUSES OF DEAT		ONSIDERED IN	CERTIFYING	G
21a. ACCIDENT W. 3 OR CONTRIBUTING (If either, notify n	CAUSE OF GEATH	21b TIME OF HOUR A.M. P.M.	Month Day Year	9 21c H				of injury in Port	1 or Part 2,	Item 18)		-
While Not what wark of wark	rk 🗆		AT HOME FARM STREET, FA OFFICE BUILDING, ETC.	4	OCATION Stre			City or Fown	,	County		State
220. I certify sow the couses st	that (I) (this deceased aliv ated above, (hospitol) atte e on(did)	ended the deceos	ed from 19 <i>22.,</i> on body ofter	id that in (m death.	, 19 <i>@</i> ıy) (our) op	a.k., inion d	eoth accurre	73, 19 on the do	<u>& d</u> , the ite and hou	ot (I) (w ir ond fro	re) lost om the
22b. SIGNATURE	efica	RE	Lapen	MQ DEG	17713		MED DIRECTOR	STAFF PHYS	220	DATE SIGNED		
22d. AHYSICIÁN'S NAME (Type)	GLERI	00 G	P. LAK	2211/1	22e. ADI		16	1501	1, 111	0		
23a BJRIAL, CREMATIO REMOVAL (Specify) Buria		22, 19		Hill	Cemete	гу	23d. Su	location (Gry o	Pro Ge	(County)	Md.)
24. FUNERAL DIRECTOR	F. Gas	ch's so	ns Hyatts	ville	, Md.	2Sa REC'D	DCT	1RAR 2 196	REGISTRAR'S	SIGNATURE	Joed	44

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely filled in by the Turgfal director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1-end 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. Page 4 may be retained by the hospital ar attending physician. VR A15 (1) Bladensburg



ond campletely filled in by the funeral remove carban papers. Pages 1 and 2 in any event, within 77 months of the death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be-executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled-in director, page 3 should be detached for use as the burial-transit permit. Then please second carban papers should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 725. Page 4 may be retained by the hospital ar attending physician.

MADVIAND STATE DEDADTMENT OF HEALTH

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IVISION OF VITAL	RECORDS, 301	W. PRESTON:	STREET, BA	LTIMORE, MAR	YLAND 212

14955	ISIVID ATINAU J	ON OF VITAL RECORD		ESTON STREET, BAL		MARYLAND 21201	149	65
1. DECEASED-NAME (Type or print)	JU/NITA	MOORE Middle	STANSEL	Lost L		ate of Death Octob ^{Mopth} 27, ^{Do} Y	968 ^{Yeor}	2b. HOUR 7:10
3. SEX Female	4. RAG	E Caucasion		September 2	25,19	6. AGE (In years last burnday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	1F UNDER 24 HRS. HOURS MIN
7o. BIRTHPLACE (Stote country) Virgin	or foreign 7b. CITIZ	EN OF WHAT COUNTRY? A	8. MARRIED WIDOWEDS	NEVER MARRIED DIVORCED DIVORCED		ince George		Mo
Camp Sptb	DEATH ings	11. NAME OF HOSPITAL OR guye street oddress) Gr Malc Olm Gr	ow USAR			Kind of work done	12b. KIND OF INDUSTRY	BUSINESS OR
	(Where deceosed lived, aryland 13b. (rf institution: Residence before OUNTY Prince Ge	o Camp	TOWN 13d INSIDE CITY Springs ^{YES} T		3e STREET AND NUMBER 4409 Simmons	Lane	
160. WAS DECEASED E	First	Middle Losi olm Wilfong S? 16b SOCIAL SECURI	TY NO. 17 IN	FORMANT .	anny 4409	Middle Wiseman Simmons Address Springs, Md.		Lost
18. CAUSE OF D	TH WAS CAUSED BY: IMMEDIATE CAUSE DUE W, which gove the couse (o), (use per line for (o), (b), and	(1) 1240C 0F	aredial =			APPROX BETWEEN C	maté interval nset, and déath 2. V.S
		CONTRIBUTING TO DEATH BU		20a. AUTOPSY?	[3	GIVEN IN PART Y(o) 20b. IF YES, WERE FINDINGS CO	ONSIDERED IN C	ERTIFYING
dr contribut no	CAUSE DE DEATH HO	D. TIME OF INJURY FUR A.M. Month Day You	90r	YES NO WINJURY OCCURRED (Ent	ter noture o	of injury in Port 1 or Port 2, I	Item 18.)	Stote
While Mot v		OFFICE BUILDING ETC.	7 211. 00	CATION JUNE OF KT,D. N	10.	rity of town	County	31010

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Natl

22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS MED DIRECTOR STAFF PHYS October 27, 1968

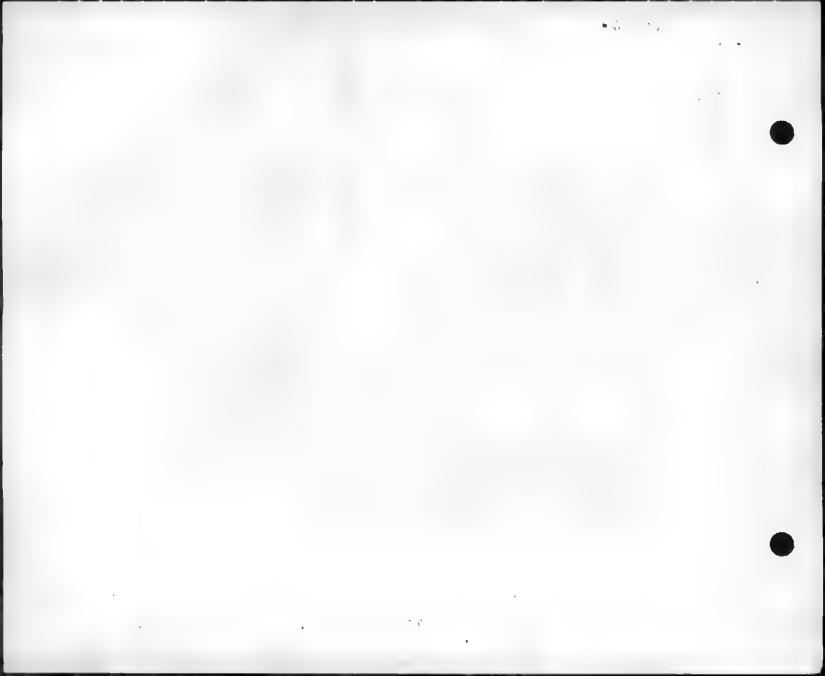
22d. PHYSICIAN S NAME (Type) Grow Hospital MICHAEL Washington. D.C. 20331

23d. LOCATION (City of Town) 230 BUR AL, CREMATION, REMOVA (Specify) (County) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State)

Arlington, 250. REC'D BY REGISTRAR 256 REGISTR PAN OCT 3 0 1968 10-31-68 Simmons Bros.

Arlington

Va



necessary, please execute the certificate, writing the word "pending" (in proof in Item 18. Give Pages 1, the funeral director. Page 4 should be farwarded to the Chief Medical Examinates Office along with form

DICAL EXAMINER: This certificate shauld be executed

TO DEPUTY

within 24 hours after death

958

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	4	9	6	6

TH DEPT.		CEASED-NAME Fire	t	Middle	Los	1	20 DATE KNOW		Doy Year	2b HOUR
Page nt of	l,	Geo	rge		Stewart			D 🔯 10-10	0-68 12:	55am M
ع <u>ق</u>	3. 51	4 RACE	S DATE OF BIRTH	6 AGE	(In years IF UNDER 1 YI irthday) MONTHS O	AR IF JNOER	AC DUIL I KONG			2d HOUR
P.W.3		ale White	1-16-1906	62		100k3	Month	ď	6819 3:	L5am M
			76. CITIZEN OF WHAT CO	UNTRY? {	. MARRIED 🛣 NEVE	MARRIED 🔲	9 COUNTY OF DEATH			
0 0	(oun	ashington Do	USA	A	WIDOWED [DIVORCED [Prince Ge	eorge 's		Md
tat	10 C	ashington DO	II NAME C		TITUTION (If not in hos	pito 12o U	SUAL OCCUPATION (Kind	of work done	12b. KIND OF BUSH	VESS OR
s Office along with form s Tand 2 with the State Ce s after death.		Cheverly	give street	oddress) e George	Hospital	Re	most of working life, et	ren i ret red)	INDUSTRY	
에 유는 사	13o	USUA, RESIDENCE (Where deced	sed lived. If institution	Rusidence before	13c CITY OR TOWN V	138 INSIDECTY I	IMITS? 13e STREET AND	NUMBER	-	-
2 with death.	Ma	mission) STATE P	rince Georg	e's Bou	evard Hgts	YES 🗀 N	0 □ 4916 By	ers Str	eet, S.E	
Office Tand 2 after	14. F.	THER S NAME First	Middle	Lost	15 MOTHER'S	MAIDEN NAME	First	Middle	Los!	
s of s		Alberi	E. Stwar	rt		Cather	rine Niche	olson		
pages hours	160.1	VAS DECEASED EVER IN U.S. ARMED		SOCIAL SECURITY N				IDDRESS		
File p	Ÿ	es wwiii (If yes giv	a war or dates of service)		Eva E	Stews	art 4916-1	Byers S	t SE	
		18. CAUSE OF DEATH (Enter of		(a), (b), ond (c))					APPROXIMATE I BETWEEN ONSET	NTERVA. NNO OEATH
iief MedicaNE insit permit. F event within		PART I DEATH WAS CAUSE	ED BY PULL PULL	nonary he	emorrhage				hours	
Me pe		,,	DUE TO, OR AS A	CONSEQUENCE OF	ulmonary t	ubercul	losis		over 6	mo.
nief ansil eve		Conditions, if ony, which gove rise to immediate couse (a)	(b)							
ne Ch al-tra any		stating the underlying cause	DUE TO, OR AS A	CONSEQUENCE OF						
o the Chief burial-transit in any ever		last) (c)							
4 should be farwarded to the Chief Medical Xamingt in files. e 3 shauld be used as a burial-transit permit. File page: matian, ar removal, and in any event within 72 hour.		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE TERMIN	AL DISEASE OR (ONDITION GIVEN IN PART	1(0)		
farwarded to	Z	1								
used mova	CERTIFICATION	190. DATE OF OPERATION		CONDITION FOR W WAS PERFORMED?	HICH OPERATION				20 ALTOPSY)
e for per left	ZIEI(AR2	NO 📑
d b	4 (El	210. EXTERNAL CAUSE WAS PRIMARY OF OR CONTRIBUTING	216 TIME OF INJUR HOUR A.M.	Y Month, Doy, Year	21c HOW INJUR	Y OCCURRED (En	ter noture of injury in Po	rt 1 or Port 2, Ite	m 18.)	
je 4 shauld b raur files. age 3 shauld cremation, ar	MEDICAL	CAUSE OF DEATH	P M,	19						
ma sp	×	21d INJURY OCCJRRED 21e.	PLACE OF INJURY (At hor extory, office building, etc.	ne, form, street,	21f EOCATION S	reet or R.F.D. No	City or Tow	rn	County	State
Page 4 ar yaur R:Page ; ial, crem		AT WORK AT WORK								
		22a. I certify that I	and A	1 1			Inspection 🔀,	Inquiry 🔲	, ond in my	opinion
director retained DIRECT		deoth resulted from.	Natural coases	Accident	, Suicide], Hamicid	le 🔲, Undetermi	ned manner		
direc etain DIRE r to		ACTUAL (h6 14	. 1/		CHIEF MEDICAL				
e funeral di may be reto FUNERAL DI salth priar		SIGNATURE			M.D		ICAL EXAMINER	22b. DATE S		
nay be FUNERAL ealth pri		EXAMINER'S	L '		3.5.0		L EXAMINER		0-11-68	
the funeral directar. 5 may be retained ito FUNERAL DIRECTO Health priar to bur		NAME (Type) John (Kg		verdale			, city, town, or county)			
± 50 H	230		DATE		EMETERY OR CREMATOR		23d LOCATION (City		, ,	ote)
	2 400		t 12-68		Hill Cen		Suitland		yland	
VR A15ME (5)	ハン		661-Good	HODO P	Wash DC		O BY REGISTRAR 25	b. REGISTRAR'S S		
10M REV 1/68	~ 1		-001-000d	Trope II		DATE U	01 1 4 1300	jula	was Jud	-



Bros. 1661-Gd. Hope Rd. SE. DC. DCT 25

VR A15ME (5) 10M REV 1/68

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Give Poges,

in Item 18.

in pencil

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writing the word

please execute the certificate,

the Chief Medical

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should be

This certificate should be executed within

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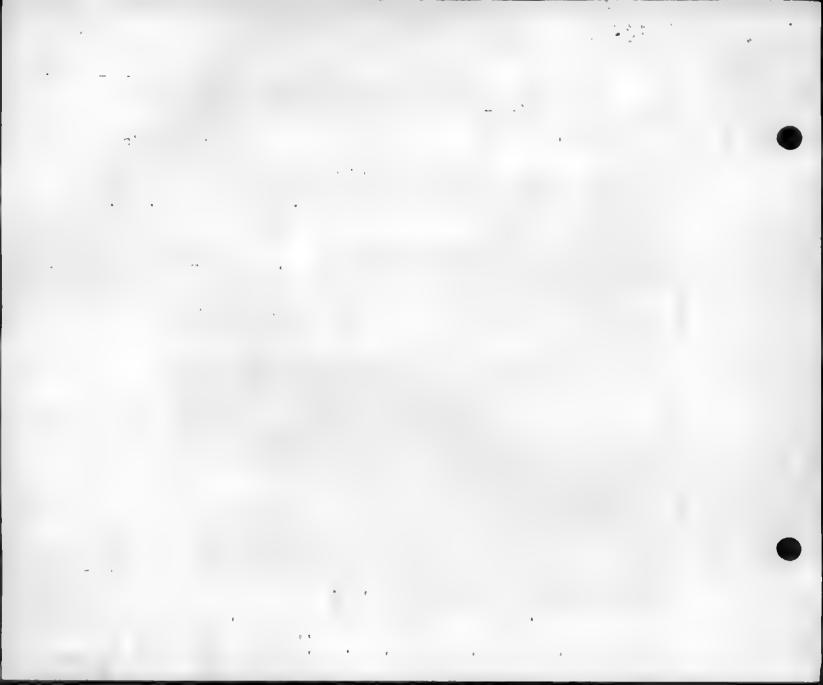
after

within

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the State Depart

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1

the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office of

to FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit File pages I and 2 with Health prior to burial, cremation, ar remaval, and in any event within 72 hours after death

DICAL EXAMINER: This certificate shauld be executed within 24 haurs after death

TO DEPUTY

14958

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

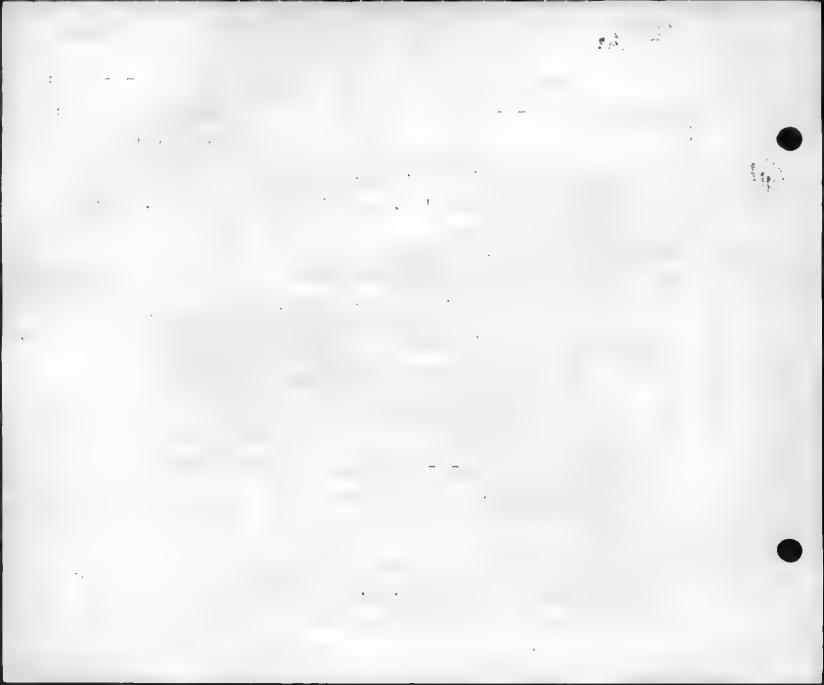
MEDICAL EYAMINED'S CEDTIEICATE DE DEATH

14968

			אונטונ	ML CAMITI	HAFIL 2 C	FIXTH	ICALL	OI DE	AIII						
	CEASED NAME	Fir	rst	Middle	8		Last			2a. DATE		Month	Doy	Year	2b ∺OUR
(1	ype or Print)	Caro	lvn			Strai	ısbau	gh		DEATH	MATED [0-2	8-68	19 3	50pm
3 SE	χ	4. RACE	S DATE OF BIR	TH	6. AGE (In years	IF UN	DER I YEAR	F JNDER		2c DATE F	RONOUNCED D				2d HOUR
ন	emale	White	2-10-19	97.0	last birthday) 28 YR	MONTHS	DAYS	HOURS	MIN	Month 1 O	28	gy .	6 ^Y 8	193:	50pm A
	RTHPLACE (State		76. CIT.ZEN OF WH				NEVER MAI	RRIED 🗍	9 COL	INTY OF DE				7.	70 PHI **
conu.	lry) We	est Va	USA			DOWED _	_	RCED	Pr	ince	George	3 1 g			M
10. C	TY OR TOWN O	DEATH		AME OF HOSPITAL	OR INSTITUTEO	N (+f nat	in hospital				Kind of work			D OF BUS	INESS OR
	Chever	lv	9ºve s	ireer oddress) Lince Ge	orge H	cospid	tal	gurng		i working i US ewi	fe even if ref	red.)	INDUSTRY	n hon	ne
	USUAL RESIDEN	E (Where dece	osed lived, if institu	ition Residence	pefore 13c CIT	Y OR TOW	/N 13	d. INSIDE EITY	LIMITS?		T AND NUMBE	R			
M	mission) STATE		Prince	George 1	s W. Hy	yatts	sville	eYES 🔀 N	10 🗌	5903	37th.	Av	enue		
14. F	ATHER'S NAME	First	. Middle		Lost		THER'S MAIL	DEN NAME	First		Middl	е	<u> </u>	Lost	1
		Erne	st ^l oungb	leed			C€	rinn	e Al	lemon	g				
	VAS DECEASED EV			16b SOCIAL SECU	RITY NO	17 INFOR	MANT				ADDRESS				
(٢	es, no, or unknov	/IT) (If yes go	ve war or dates of service)	219 36	8011	Ric	hard	S St	raus	baugh	West	Hy	atts	ville	e, Md
			only one couse per +	ne far (a), (b) ar	nd (c).)									PPROXIMATE WEEN ONSET	
	PART I. D	EATH WAS CAUS	SED BY: DIATE CAUSE (a)]	Massive	pulmon	arv	embol	us. a	cut	e					
	/	X		AS A CONSEQUEN							xtremi	tv			
		ny, which gave) 100 100	rom frac								J	VO	er 2	e mo.
		iate cause (a), derlying cause	BUE 70 00	AS A CONSEQUEN											
	last.	, , , ,) (c)												
	PART 2 OTHER :	SIGNIFICANT CON	IDITIONS CONTR BUT	NG TO DEATH BU	T NOT RELATED	TO THE 1	ERMINAL D	ISEASE OR (CONDITIO	IN G-VEN IN	PART (a)			DA - 140 A	
2	904.														
ATIO	19a. DATE OF O	PERATION		196 CONDITION		PERATION							20.	AUTOPSY	?
IFIC				WAS PERFO	RMED?									YES 🕱	NO 🗀
MEDICAL CERTIFICATION	21a EXTERNAL			INJURY Manth, Da	y, Year	21c. HOW	INJURY OC	CURRED (En	iter natu	re of injury	in Part 1 or F	art 2, 1t			
3	PRIMARY OF DEAT	r Contributing H	HOUR A.	M. M. 8-28-						d of					
MED	21d MJJRY OC	URRED 21e	PLACE OF INJURY (At home, form, st	reel,		ION Street				or Town		County	,	State
	WHILE N		foctory, office buildin Back var	g, etc)		22	me as	#13							
			toak charge of t						Ins	spection [XI Inqu	oiry []. ar	nd in m	y apinion
		sulted from:		ses Acc			le ,	Homicid			ermined m				, 0,,,,0,
		0	11/		, (a.c.)			F MEDICAL							
	ACTUAL SIGNATURE	1h	Les 100	11						IMINER [] 22	b DATE	SIGNED		
	EXAMINER'S	///	21/				JYL D.	UTY MEDICA		_			10-29	9-68	
	HAME (Type)	John K	ehoe MD	Riverd	ale, M	d.				חוסט זם חיש	ity)				
23a	BURIAL, CREMA		b. DATE	23c NAN	NE OF CEMETER	Y OR CRE	MATORY	-	23d	LOCATION	(City or Tawn)		(Caunty)	(5)	tate)
	REMOVAL (Speci		ct 31, 19							ork	Sprin	ig G	arder	n J	Pa
24	FUNERAL DIRECT	OR	F. Gasch	le Core	ADDRESS	l carri-1	lo k	250 REE	BY REG	GISTRAR	2Sb REGI	STRAR'S	SIGNATUR	₹E	
			r. uasci	SHOW &	a Hyati	USVII	Te' L	rue NI	IV	14	er o	Mon.	ula.	Van.	48

VR A15ME (5) 10M REV 1/68

5 may be retained far your files.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14969

CERTIFICATE OF DEATH Last I. DECEASED NAME First 20 DATE OF DEATH 25. HOUR Manth 15.00Y 19680T (Type or print) Albert Sturba Oct. 3:30PM 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 3. SEX 1F UNDER YEAR lost birthdoy) Male Oct. 5, 1892 Caucasian 70 SIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED XX country) WIDOWED | DIVORCED [Prince George's 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR during most of working life, even if retired.) Prince Geo.Gen'l Hospital Cheverly 13g. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland YES X George's 12307 Firtree Lane Bowie 14 FATHER'S NAME Lost IS MOTHER'S MAIDEN NAME First URBA RANIERO CONSETTO SAME AS # 13 166 SOCIAL SECURITY NO 17 INFORMANT 16a. WAS DECEASED EVER IN U.S ARMED FORCES? RANIE J. STURBA Yes, no or unknown) 234 03 2446 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per tine for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Gastrointestional Hemorrhage. DUE TO, OR AS A CONSEQUENCE OF Acute multiple gastric ulcers; acute Canditians, if any, which gave) duodenal ulcer and hemorrhagic esophagitis. rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 19a, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW IN. JRY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M (If either, notify medical exominer) 21d. NUURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No City or Town County State While Nat while at wark saw the deceased alive on Oct 15 19 68, and that in (my) (see approximately approximately approximately (did) (did) (did) (did pot) view the bady after death. 22a. I certify that (I) (this keptite); attended the deceased fram...... 22b. SI NATU 22c. DATE SIGNED DIRECTOR PHYSICIAN'S 22e. ADDRESS 6501 Landover Road, Cheverly, Md.20785 23d LOCATION (City or Town) 23a BURIAL, CREMATION (County) 10-18-1968 GATE OF NEAVEN CEM WHEATON W.W. CHAMBERS CO RIVERDALE, MARYLAND

requires that the death certificate be executed within 24 hours aft pleose remov physician and buriol-tronsit prior to ! O FUNERAL DIRECTOR: After this certificate has been director, po

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VR A15 (4)

30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14971 14962 CERTIFICATE OF DEATH DECEASED NAME Lost 20. DATE OF DEATH 2b HOUR death. Month 28 (Type or print) Gertrude Sullivan V. 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (In years IF UNDER YEAR 24 hours after 5 JNDER 24 HRS lost birthday) MONTHS Female Caucasian 6/19/93 7o. BIRTHP_ACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWEDTY DIVORCED [Prince George's 10 CITY OR TOWN OF DEATH 13 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120 USUAL OCCUPATION (Kind of work done Prince Geo.Gen'l Hospital during most of working life, even if refired)
HOUSEWIFE INDUSTRY Nampletely Cheverly 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 113c, CITY OR TOWN 13d. INS DE CITY JIMITS? è 13e STREET AND NUMBER requires that the death certificate be executed odm ssion) STATE Maryland 3b COUNTY Prince George's YES 🗙 NO 🗆 гетточе Greenbelt. 6 Woodland Way ond in ony 14 FATHER'S NAME MONAGHAN Middle IS MOTHER'S MAIDEN NAME First MARGARET WILLIAM 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address AME AS# 13 PETERSON. , yes give wor or dates of service) APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE (AUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) transit rise to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (6) as the 190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? for use f Health p YES [NOXXX Page 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 5 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year (If either, not fy medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No City or Town County Stote While Not while of work 220. I certify that (I) (thesebounded) oftended the deceased from occount 5, 1967, to Oct. 28, 1968, that (I) (seed last saw the deceased alive an Oct 28 1968, and that in (my) four apinian death occurred on the date and hour and from the courses stated above; (i) (yes) (did) (did red) view the bady after death. 22b SIGNATURE 22c DATE SIGNED XXX DIRECTOR DEGREE PHYS 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) Professional Bldg. Greenbelt, Md. 20770 Hans Wodak 230 BUR AL CREMATION 23b DATE 23d LOCATION (City or Town) (County) VONSTAG

In was

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1420%			ERTIFI	CATE OF	DEATH			143	1.6
1. DECEASED NAME	First	Middle		Lost		2a. DATE OF		Vana	2b HOUR
(Type or print) Edg	ar -	J.	Swis	her			Month Do-		7:15
3 SEX	4 RACE			S DATE OF B			6. AGE (In years	F JNOER I YEAR MONTHS CAYS	IF UNDER 24 HRS. HOURS M.N.
Male	Whi	ite		Janua	ry 18, 1	1905	last buthdoy) YRS	MUNITES CATS	PUURS M. H.
7o. BIRTHPLACE (Stote 64 fore	gn 7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED	NEVER MAI	RIED 9	COUNTY OF			
country) Kentucky	US		WIDOWED		RCED 🗌	Prin	ce George'	S	Md
O. CITY OR TOWN OF, DEATH Cheverly	give	AME OF HOSPITAL OR INStreet address)	`	· ·	during mas		(Kind of work dane life, even if retired)	12b KIND OF INDUSTRY	BUSINESS OR
13o. USUAL RESIDENCE (Where admission) STATE	13b COUNTY				YES NO!	7 20	REET AND NUMBER East Ridg	e Road	
14. FATHER'S NAME FIRST	Middle	Lost	01.68	S. MOTHER'S M	AIDEN NAME Fire	t	Middle		Lost
	Edgar J. Swi	sher		Sall	y Rober	ts			
16a. WAS DECEASED EVER IN	U.S. ARMED FORCES? yes give war or dates of service)	16b. SOCIAL SECURITY		INFORMANT			Address		
Yes, no, or unknown) (1	des due and ou noves of survival	578 30 34	172 M	argaret	K Swis	her	Greenbelt		
PART I DEATH WA:	DUE TO, OR (b) se (a),	AS A CONSEQUENCE OF	none	7790	mh	0/10	1		MATE INTERVAL MISET AND DEATH
stating the underlying lost.	(c)		T belogia		L D CCCCC CDCC	NATACO ONE	1. 11. 11. 11. 11. 11. 11. 11. 11. 11.		
a mphore	ANT CONDITIONS CONTRIBL	ITING TO DEATH BUT N	DE RELATED	IO IHE IERMINA	IL DISEASE OREO	NDITION GIVE	N IN PART I(a)		
19a. DATE OF OPERATION	19b. CONDITION FOR WI			20a AUT	k NO □	CAUSES	YES, WERE FINDINGS OF DEATH? Yes		ERTIFYING
210. ACCIDENT WAS UN OR CONTRIBUTING CAU (If either, notify medico	SE OF OEATH HOUR A.M. P.M	Month Day Year	,	HOW INJURY 9 C	CURRED (Enter)	nature of inju	ry in Port 1 or Part 2,	Item 1B.)	
While Nat while at work				LOCATION Stre		- 7	or fown	County	State
saw the dece causes stated	(I) This hospital) att ised alive an above (I) yee (did)	ended the deceose (glid nat) view the	ed from 9, at body after	nd that in (m	, 19.5 (y) (eur) apin	on deoth		ate and haur	(I) (we) las and from the
22th S GWATURY	Men	mul	Mol	. 11113	DIR	D. EECTOR 🗆	STAFF PHYS 22c	DATE SIGNED	
NAME (Type) Wi	lliam C. Wei	intraub		22e. ADI Pro:			dg. Greenb	elt, Md	•
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Oct 19, 19	68 Cedar		crematory Cemete		Suitl		(County) Geo Md.	(State)
24. FUNERAL DIRECTOR	Gasch's	ons Hyatts	ville	, Md.	2So. REC'D BY		25b. REGISTRAR'S	SIGNATURE	dan

DATE OCT

196B

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical director, page 3 should be detached for use os the burial-transit permit. Then ple should be filed with the State Dept. of Health prior to burial, cremation, or removal, or VR ⊞15 | 30M REV.

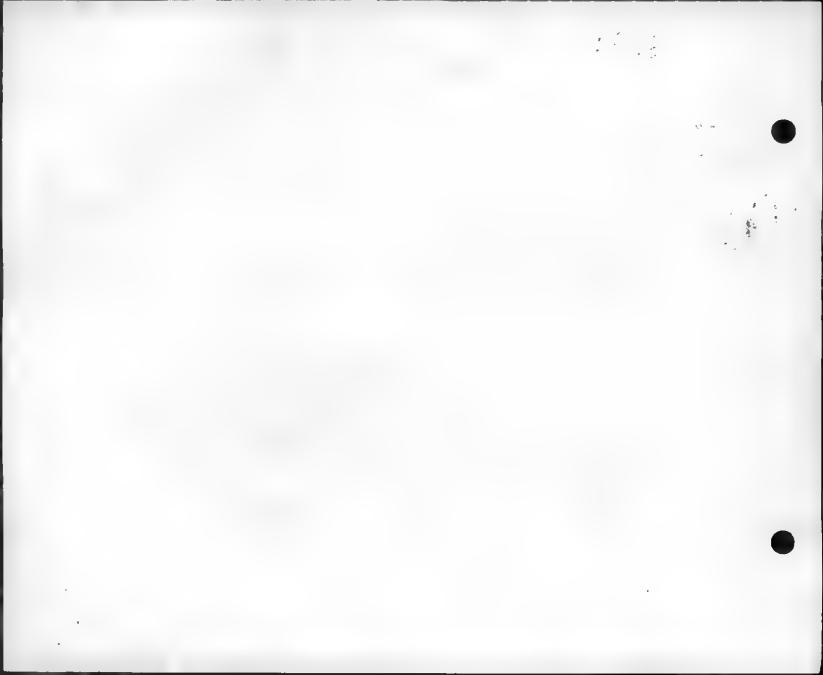
mpletely filled in by the Tonerol ve carbon popers. Poggs J and 2 avent, within 72 hours they deepth.

conove carbon popers. Pour any event, within 72 hours

be, executed within 24 hours after death

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate

Poge 4 may be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14973 CERTIFICATE OF DEATH 14963 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) a. COUNTY a. STATE W/COUNTY GEORGE MARYLAND c. LENGTH OF STAY IN 16 b CITY OR TOWN () outside comparate limits. c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town) WASHINGTON. FOKESTVILL YEAK d. NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street oddress) e IS RESIDENCE d STREET ADDRESS ON A FARM? GENT 3235 YES NO X NAME OF Middle 4. DATE Year First Lost DECEASED OF 1968 AMORRIA (Type or print) DEATH IF UNDER I YEAR IF JNDER 24 HRS. S SEX DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Days Hours WIDOWED DIVORCED 12 CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY WASH D. DEKSHITT 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME GNATIUS ANCES MORR WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN] (Yes, no, arunknown) (If yes give war ar dates of service) INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (o). DUE TO stating the underlying cause last. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO 200 ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I) of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg., etc.) e deceased fram APR, 1 , 1966, to OCF 23, 1968, that (+) (we) last 1968, and that death occurred at OFPM, from causes and on the date stated above. 2). I certify that (+) (this hospital) attended the deceased from APR, 1 1968, that (4) (we) last saw the deceased alive an Oct.

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attending phys permit. Then p

signed by the obviousity

has been

this certificate

TO FUNERAL DIRECTOR: After

The law requires that the death certificate be exe

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician.

event,

and in any

burial, crematian, ar removal,

remaye tar

22n SIGNATURE

22c PHYSICIAN'S

M.D. 22d ADDRESS DIRECTOR

22b. DATE SIGNED

ITLAND,

25b. REGISTRAR'S SIGNATURE

NAME (Type)

230 BURIAL, CREMATION REMOYAL (Specify)

23b. DATE THEREO

23c NAME OF CEMETERY

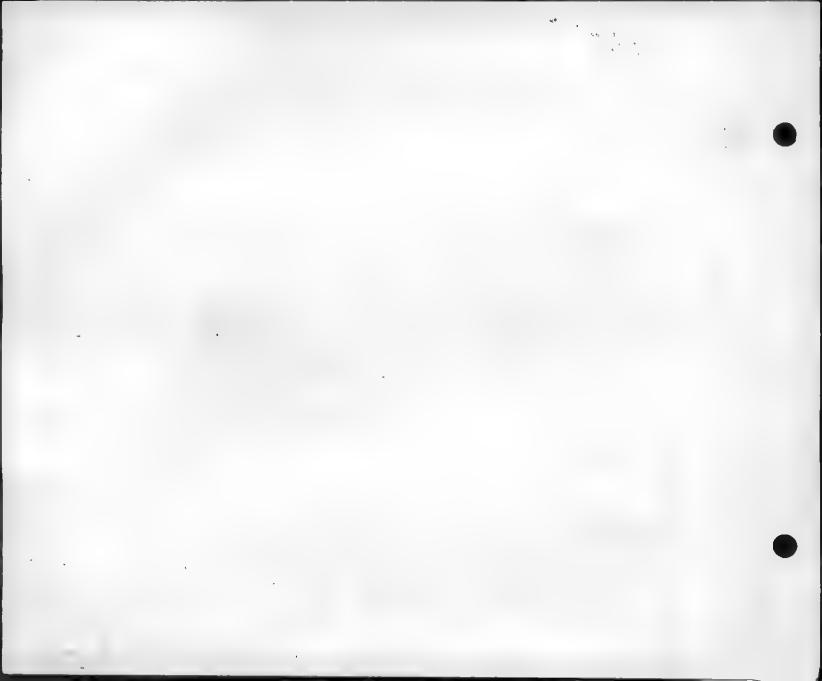
23d. LOCATION (City or Tawn)

(State)

PA AVES 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS**

DATOCT 28 1968

director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior tal



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 20. DATE OF DEATH 2b HOURPP auted within 24 hours after deoth Month 6 (Type or print) E milia 1968 Gemma Tana 4:45 M Oct. S. DATE OF BIRTH 3. SEX A PACE 6. AGE (In years HE UNDER 1 YEAR 1E LINDER 24 HRS. los Labirthday) female. white Nov.30, 1892 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) xxxxxxx U.S.A. Italy Prince Georges DIVORCED [WIDOWED [7] 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 125. KIND OF BUSINESS OR give street address) Hyattsville Nursing Home INDUSTRY Hyattsville 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c, CITY OR TOWN 13d INSIDE CITY JM TS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY P. G. Hyattsville YES X 2217 Beechwood Rd. pleose remove 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First last andin Barrecho Dominic Barrecho reguires that the death certificate 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT duattsville Yespero, ar unknown) [(If yes give wor or dates of service) 517350 Francesco (Beechwood 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) jaronani occlusion Conditions, if any, which gave) burial-tronsit twento solero for rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 20 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? O FUNERAL DIRECTOR: After this certificate has CAUSES OF DEATH? YES 🔲 210 ACCIDENT WAS UNDERLYING 21b TIME OF NURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) ত্ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day P.M (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Nat while of work 22a. I certify that (1) (this hespitel) attended the deceased from 1950, 19, ta Oct 6, 1968, that (1) (we) last saw the deceased alive an 1968, and that in (my) (out) apinian death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c DATE SIGNED ATTENDING director, page should be filed DIRECTOR PHYS 22d. PHYS CIAN S 22e ADDRESS NAME (Type) 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 23b DATE NAME OF CEMETERY OR CREMATORY (County) Me 250 REC'D BY REGISTRAR VR A15 (4) DATE OCT 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

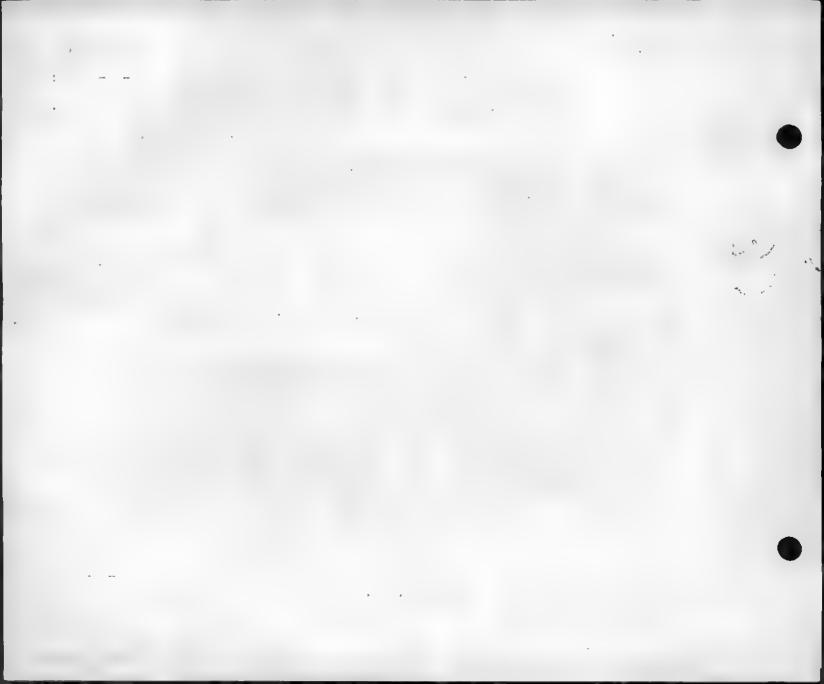


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24 havrs after death in Item 18. Give Pages 1, in Affice along with farm	Sot.	jiμ	10. C	TY OR TOWN O	F DEATH	II. NAN	IE OF HOSPITAL	OR INSTITUTION	(If not in hospital	12o. U	SUAL OCCU	JPATION (rk done	126 KIND OF	BUSINESS OR
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haurs Tem 1	rand 2 after d			ATHER S NAME	First	Middle	OIEC D	fort	IS, MOTHER'S MAI		first	0/20	Mid			Lost
24 h	- 0				Lester	Thomas			Henri	etta						
.≘ 3 €	pages hours			WAS DECEASED EV	ER IN U.S. ARMED FO		6b SOCIAL SECUI	RITY NO. 1	7 INFORMANT	/73a		40	ADDRES			
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is certificate shauld te, writing the ward forwarded to the Cl	o p			PART 2 OTHER	SIGNIFICANT CONDITI	ONS CONTRIBUTING	G TO DEATH BU	NOT RELATED	TO THE TERMINAL D	ISEASE OR C	ONDITION	GIVEN IN	PART I(o)			
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Cer WIO	ie used as a b remaval, and	7	CERTIFICATION	190 DATE OF C	PERATION	'	9b. Condition 1 Was Perfor		RATION						20 AUTO	
T p a	-	1	CERTIF	210 EXTERNAL	CAUSE WAS	216. TIME OF IN	JURY Month. Do	v. Yeor 2	1c. HOW INJURY OC	CHRRED (En	fer onture	of neary	en Port I o	r Port 2 1	YES [₩0 <u>₩</u>
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XAN te ti	yage crer			AT WORK	OT WHILE TOCTO	ıry, office building,	BIC.)									
iCAL EXAMINER: 9 execute the cert tar. Page 4 shauk	CTOR: F buriat,			22c 1	certify that I tac	k charge of the				psy 🔲,	Insp	ection [x, Inc	quiry [, ond in	my opinio
Se e				death re	sulted fram.	Natural cause	/ X . 1/4	ident 🔲,	Suicide,	Homicid	e 🔲,	Undet	ermined i	manner		
please	DIRE DIRE			ACTUAL	1h	1/11	1			EF MEDICAL			1	OOL DATE	CACAICA	
UTY Iny, leral	be ret RAL D			SIGNATURE _	-41	4/0		/ . 		istant medi 'UTY medica		_	J	22b. DATE	: 316 NED D=11.=68	
O DEPUTY DICA necessary, please extra the funeral directar.	5 may be re 10 FUNERAL Health pria	£		EXAMINER'S NAME (Type)	John Keh	oe MD	Riverda	le Md.		ORESS(Street,			ty)		<u>n=rr=00</u>	
ned the	2 5 E		23a	BURIAL, CREMA	MON. 23b. D		23c NAM	E OF CEMETERY	OR CREMATORY		23d l	OCATION	(City or Tow	vn)	(County)	(Stote)
				REMOVA (Spec		4/68			Cemeter		1		Manor			Md.
A16	A15ME (97)		24	FUNERAL DIRECT	OR F. Gasch	's Sons		ville.	Md.	2So REC'D				4	SIGNATURE	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

7년		ECEASED-NAME	First		Middle		Lost	20 DATE OF DEATH		-	2b. HOUR
in by the tunerol	(Type or print)	Will	iam	Henry		Thomas	Oct	ber 20,	1958	635m
<u>a</u> ~ a	3. SI	X		4. RACE			5. DATE OF BIRTH	6. AG		F UNDER 1 YEAR ONTHS DAYS	HOURS MIN.
oge s af		Male		Negro			11-6-72	199	birthdoy) MG	WINZ DALZ	TOURS MIN.
200		BIRTHPLACE (Stote or fo	reign	7b. CITIZEN OF WH	AT COUNTRY?	8. MARRIEI	NEVER MARRIED	9. COUNTY OF DEATH			
E Seil	COU	^{ntry)} Maryland	£	U.S.A.		WIDOWE		Prince G	orges		Md.
signed by the aftending physican and completely tilled burial-transit permit. Then please remove carbon papp burial, cremation, or removal, and in any event, withing the property of the prop		city or fown of DEATH			ME OF HOSPITAL OR INS		not in hospitol 12a. USUA Orial Hosp.	AL OCCUPATION (Kind		125. KIND OF B INDUSTRY	USINESS OR
arbert arbert, '		USUAL RESIDENCE (Whe	re deceos	d lived if instituti	on Pasidanca bafora	13c CITY C				*	
incompletely lease remove carbon ond in ony event, with	odm	ission) STATE Md.		13b COUNTY P	ringe Geor	ges I	Brentwood No	□ 3911 V	Vallace I	Rd.	
	14.	FATHER'S NAME FIF		Middle	Lost		15. MOTHER'S MAJDEN NAME F	irst	Middle		Lost
d s.E			arry		Thomas		Hannah Barn	ıs			
2 e e		. WAS DECEASED EVER IN (es. no. or unknown)		ED FORCES? or or dates of service)	16b. SOCIAL SECURITY I	10.	INFORMANT		Address		
ne y							Medical Rec	ord			
by the attending phys transit permit. Then p cremation, or removol,		1B. CAUSE OF DEATH PART I DEATH W	(Enter onl	y one couse per lin	e for (o), (b), ond (c)	100	meis			BETWEEN ON	ATE INTERVAL SET AND DEATH
end nit.		PAKI I DEATH W		TE CAUSE (o)	U	Ju	Mea		1	100	Letter.
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Sig Pur Pur		PART 2. OTHER SIGNIF	ICANT CON	DITIONS CONTRIBUT	TING TO DEATH BUT N	OT RELATED	TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PA	RT 1(0)		
the r to	NO	7500	. Ital				1	(-2) -2			
After this certificate has been I be detoched for use as the State Dilipt, of Hillioth litriar to	CERTIFICATION	190 DATE OF OPERATION	N 196.	ONDITION FOR WHI	CH OPERATION WAS PE	REORMED	20o. AUTOPSY?	CAUSES OF DE	ERE FINDINGS CON ATH?	SIDERED IN CER	TIFYING
r us		210 ACCIDENT WAS U				21€	HOW INJURY OCCURRED (Enter	r noture of injury in Po	rt I or Port 2, Ite	m 18.)	
rithicate had for use of Haolth	MEDICAL	OR CONTRIBUTING CA	tol exomin	er) P.M.	Month Doy Year						
itter this ce be detoche State D∎pt.	×	21d INJURY OCCURRED While Not while	21e.	PLACE OF INJURY	AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.	TORY) 21f	LOCATION Street or R F.D. No.	. City or Tow	n	County	Stote
te D det		LI MORK OF WORK					And in the	W. not	477	77	***
Sta		22a. I certity tha	t (I) (thi	s hospital) atte	ended the decease	ed trom-s	nd that in (my) (aur) api	pion double occurr	28 , 192	Z_, that I	(I) (we) last
FUNEKAL DIRECTOR: A director, page 3 should a slould be filed with the		causes state	q apase	, (I) (we) (did)	did not view the	bady afte	r death.	man beam accom-	so dii ille udre	alla llaul a	no nam me
		22b. SIGNATURE	11	MIA	111 211	X		AED STAF	22c. DA	TE SIGNED	0/
ed 3e			<u> </u>	HIUN	COU 11/1	DE	GREE PHYS.	MED STAF	Ц/0-	28-6	0'
FUNEKAL DIRECTOR: frector, page 3 should auld be filed with the		22d. PHYSICIAN'S NAME (Type) T.	TuT	Malin, M	ת		4400 Queen	chum Pood	Divono	John M	4 2081.0
uld i	00					CELLETED!! C					
dire.	230.	BUR AL, CREMATION, REMOVAL (Specify)	23b C	1-1-68	23c NAME OF			23d. LOCATION (City	,	(County)	(Stote)
50,00	24	FHNERAL DIRECTOR DI			y FuneTal's	THEERC	dist Ch. Ceme	Tery New	burg Ma b registrars sig	ryland	
VR A15 [4] 30M REV 1/68	27	FUNERAL PIRECTOR RI 3015 12th	Stre	et. N. E	y runeral"	nome	DATENOV			Can Jud	la@
				,	-		DVICTA O 1	T 1000	1	WALL TANK	Bris.



MARYLAND STATE DEPARTMENT OF HEALTH

requires that the death certificate be exe

24. FUNERAL DIRECTOR WILLIAM FUNERAL HOMEADDRESS 4308 Suitland Rd. Suitland, Maryland

23d OCATION (City of Town) (County Suitland, Maryland (County) 250 RECT BY RESISTANDES 256 REGISTRARE LIGHTLE

Stote

14978

OAYS

12b KIND OF BUSINESS OR

Last

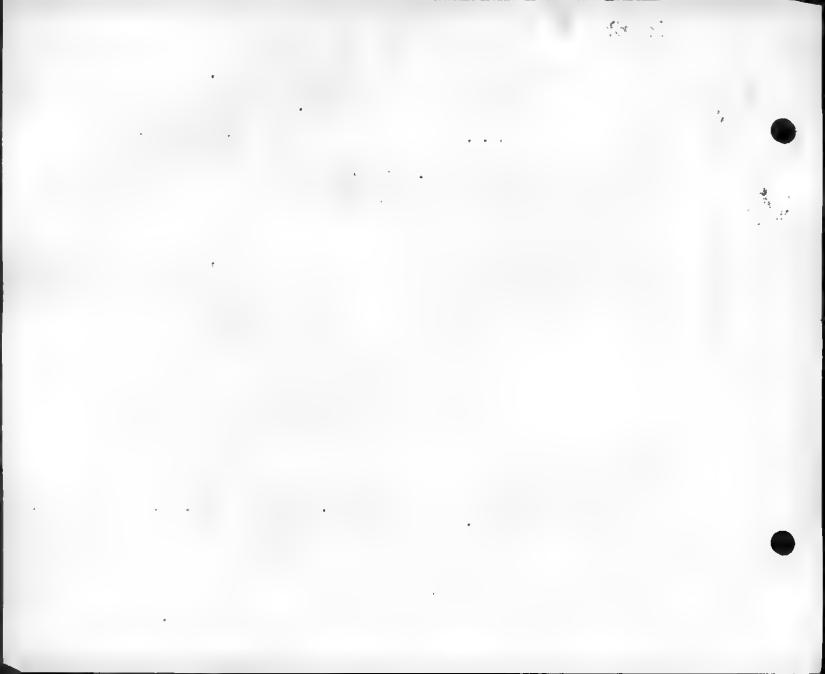
JE JINDER I YEAR

Norwood

County

2b. HOUR

3:30PM



MARYLAND STATE DEPARTMENT OF HEALTH



LOBO		MARYLAN	D STATE	DEPARTME	NT OF I	HEALTH
4970	DIVISION OF VITAL	RECORDS, 3	301 W. P	RESTON STRE	ET, BALTI	MORE, M

IARYLAND 21201 149 (U DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, DALIMONE, MALLETTE OF DEATH

14980

1 5	ECEASED NAME	First		Middle		1.4							_	
	Type or Print)	EILZE		Middle		Lost				KNOWN	Month	Doy	Yeor	2b HOUR
,	140 01 111111	Bernard		G		Tydir	rgs.			MATED X	10-9	-68	19	OCI AMIN
3. SI	EX I	4. RACE	5 DATE OF BIRTS		AGE (In years	IF UNDER , YEAR	IF UNDER	24 HRS		RONOUNCED				2d HOJR
	le	White	7-30-1	915	53 YR	MONTHS DAYS	HOURS	MIN	Month 10	c	Doy 9	68 eor	19 1. 2	BOrom M
7a 1	B RTHPLACE (Stote	or toreign 7b	CITIZEN OF WHA	T COUNTRY?	8. M	ARRIED NEVER	MARRIED 🔲	9 COU	NTY OF DE	ATH				
_	dryland		USA				VORCED _	Pr	rince	Georg	ze!s			Md
10. €	ITY OR TOWN OF	DEATH				DN (If not in hospi				Kind of wo			OF BUSH	NESS OR
	Bladensk	ourg (Where deceased		o Quincy			13d NS:0E GTY	rain	nan	fe, even if r W. FAND NUME	ashir	gtor	Ter	<u>minal</u>
1 01	dmission) STATE Mary La	mhere decassed	135 (OUNTY Prince G	on, Kesidenie be Omnoo is	Blade	nshure	YES 1			Quir		lace		
	ATHER S NAME	First	Middle		ost	IS MOTHER S N	A DEN NAME	First		Mid			Lost	
'	, , , , , , , , , , , , , , , , , , ,		Tyding	-		F	lorenc	e Bu	tler	11114	010		1031	
160	WAS DECEASED EVE	R IN U.S. ARMED FOI	CES?	66. SOCIAL SECURI	TY NO	17 INFORMANT				ADDRES	S			
(Y	es, no, or unknown	i) (If yes give war	or dates of service)			Mrs Mar	ian E !	Tydi	ngs	Blad	ensbi	irg,	Md.	
	18 CAUSE OF	DEATH (Enter only	one couse per line	e for (o), (b) and	(g.)								PROXIMATE NEEN ONSET	
Н	PART I. DE		CAUSE (o) Gu			of head						BELL	ran mari	AND DENT
	455	X		S A CONSEQUENC									· *4	
1 1	Conditions, if on rise to immedia	y, which gove	(b)											
	stoting the und			S A CONSEQUENC	E OF									
	lost.)	(4)											
	PART 2 OTHER SE	GNIFICANT CONDITIE	ONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATE	D TO THE TERMINA	DISEASE OR (CONDITIO	N GIVEN IN	PART I(b)				
2	4/67													
ATIO	190 DATE OF OP	ERATION	1	96 CONDITION FO		PERATION						20	ALITOPSY'	?
CERTIFICATION				WAS PERFORM	MFD?								YES 🔲	NO 🔀
	210. EXTERNAL C			JURY Month, Doy,	Yeor .	21c. HOW INJURY	OCCURRED (En	ter notur	e of injury	in Port 1 or	Port 2, Its	em 1B.)		
MEDICAL	CAUSE OF DEATH	CONTRIBUTING	11:008	m 90-9-	19 68	Shot se	elf at	home	•					
WET	21d INJURY OCCI	IRRED 21e PLA	CE OF INJURY (AT	home, form, stre	et,	21f LOCATION Stre	et or R F D. No		City o	r Town		County		Stote
	WHILE NOT AT WORK AT	WHILE IN TOCTO	ry, office building,	etc.)		Same	as #13	3						
	22a 1c	ertify that I tao	k charge of the	e remains desc	ribe d q ba	ve, held an Au	tapsy 🔲,	Ins	pectian [📆 Inc	quiry [, an	d in m	y apinian
		ulted from:			den y 🗀,	Suicide 🔀	4 /			ermined r	nonner			
		/1	2/2	Y.Y	1/	(HIEF MEDICAL	EXAMINE	R 🔲					
	ACTUAL SIGNATURE	_//	Aly	-	12	MD !	ISS STANT MED	ICAL EXA	MINER [}	22b. DATE :			
	EXAMINER'S	10	1 /		1	0	EPUTY MEDICA	AL EXAMI	VER 🔀		10	10-	68	
	NAME (Type)	John Ke	ehoe MD	River	dalé,	Md.	DDRESS(Street	, city, to	wn, or coun	ty)				
230	BLRIAL, CREMAT REMOVAL (Specific	ON, 36 D	12, 19	68 Ft I	of CEMETER	y or crematory.n Cemete	ry	23d Cc	location	(City or Tow Manox	n) r, Pr	(County) o Ge	o (St	ote)
24	Burial FUNERAL DIRECTO	R		Al	DORESS		2So REC	D BY REC	ISTRAR	25b RF0	GISTRAR S	SIGNATUR	E	
		Gasch's	Sons	llyattsv	ville,	Md.	DATE	CT		968	galie	rela	Jus	488

VR A15ME (5)

TO DEPUTY

I

I and 2 funeral

to FUNERAL DIRECTOR: After this certificate has been signed by the attending physical director, page 3 shauld be detached far use as the burial-transit permit. Then ple shauld be filed with the State Dept. of Health priar to burial, cremation, ar remaval,

Page 4 may be retained by the hospital ar attending physician.

event, within 22 completely filled

⊆.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law remuires that the death certificate be executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		120 4	(EKIIFICALE OF DEATH		2002
	Ī	DECEASED NAME First	Middle	Lost	20. DATE OF DEATH	2b HOUR
		(Type or print)	Hazel I.	TYLER	10- Month 200y	68 4:15
	3.	SEX	4. RACE	5 DATE OF BIRTH	6. AGE (In years lost bythdoy)	IF JNDER 1 YEAR IF UNDER 24 HRS
		Female	White	7-1-98	[[\(\times \) \	
		o. BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY?	MAKKIED [NEVEK MAKKIED]	9. COUNTY OF DEATH	~
		Md.	US 11 name of Hospital or Ins	WIDOWED DIVORCED A	Prince George	
1	3		rave street address)		AL OCCUPATION (Kind of work done past of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
		Riverdale, Md	additional of courts at the first terms of the state of t	~	OUSEWIFE MITS? 13e. STREET AND NUMBER	TOME
,,,		imission) STATE	lab. county Howard	Laurel NO	Rt ."5	
	Ī	1. FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME F	rst Middle	Lost
J		W/CC/E	W Wastler	Helen Wi	lls	
	1	Yes, no, or unknown) (If yes give w	AED FORCES? 16b. SOCIAL SECURITY N		Address	4.
	F	No-		EDNA PUN	CKE LAURE	APPROXIMATE INTERVAL
	ı	18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE)	ly one couse per time for (o), (b), (and (c))	1. 14.	11 July 7.	BETWEEN ONSET AND DEATH
	ı		ATÉ CAUSE (o)	Will Darring Land	tre Mina vier	<u> </u>
		Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE OF		٧	
	ı	rise to immediate couse (o),	(b) DUE TO, OR AS A CONSEQUENCE OF			
	ı	stating the underlying couse lost.	(c)			
	ı	PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(0)	
	1	5 1, ,				
,		190. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PER		205. IF YES, WERE FINDINGS OF	ONSIDERED IN CERTIFYING
1	-	210. ACCIDENT WAS UNDERLYIN	IG 215 TIME OF INJURY	YES NO	noture of injury in Port 1 or Port 2	A.m. 303
			HOUR A.M. Month Doy Year		noture of injury in Port 1 of Port 2	tern (a.)
	6	OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical exami 21d INJURY OCCURRED 218.	PLACE OF INJURY (AT HOME, FARM, STREET, FAC		City or Town	County State
		While Not while at work of work	OFFICE BUILDING, ETC	ia	10	
	ı	22o I sertify that (I) (th	is hospital) ottended the deceose	d from 19	, 10 W 25 , 19	that (I) (we) lo
		sow the deceased a	live at 1 2 3 1; e, (I) (we) (did) (did not) view the I	9 (aur) opi	nion deoth occurred on the do	te and hour and from th
		22b SGNATURE	; (i) (we) (ala) (ala hor) view me i	4.4	22:	DATE SIGNED
		Kreent V. VI	was will.	DEGREE PHYS D	STAFF IRECTOR PHYS.	25/25
		22d. PHYSICIAN'S NAME (Type)	0 111	22e. ADDRESS	11	
		170125	RT C WINGF.		1. May auc	
	2	30. BUR AL, CREMATION, 23b.	- 1 10	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
	7	4 FUNERAL DIRECTOR	O -26-68 PLEAS	A 2So REC'D B	Y REGISTRAR 256, REGISTRAR'S	
ĺ		Umnaldano	Ouvere Hanie	Laure DATE OCT	28 1968 Roles	rles Indee



Peges 1 and 2 nurs of the death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be extensived within 24 haurs after death.

Page 4 may be retained by the hospital or ottending physician.

SOM REV IV

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please hangue corbon papers, reges 1 and should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 77 hours offer death

14972

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDTICICATE OF DEATH

THOTAM		EKTIFICA	ALE OF DEAL	n				- 10
1 DECEASED-NAME First	Middle		Last		20. DATE OF DE		V	26. HOUR
(Type or print)	e	V	lade	13 68	12,55A			
3. SEX	4. RACE		S DATE OF BIRTH		6	AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
Female	White		14 Nov.,	19	904	last birthday) 63 YRS		INGUICS MIN
7a. BIRTHPLACE (State or foreign 7b country)	CITIZEN OF WHAT COUNTRY?	8. MARRIED 5	NEVER MARRIED	9	COUNTY OF DE	ATH		
England	U. S. A.	WIDOWED			Pr. Ge	20.		Md
10. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INST	TITUTION (If no				ind of work dane		F BUSINESS OR
Cheverly	give street oddress) Pr. 6eo. Ger	n. Host		ng masi Ho	ousewife	e, even if retired)	own h	ome
13a USUAL RESIDENCE (Where deceased odmission) STATE	lived, if institution: Residence before	13c. CITY OR	TOWN .3d. INSIDE	CITY LIMIT	TS7 13e STREE	T AND NUMBER		
Maryland	Pr. Geo.	Green	belt YES	МОГ	1.5	B RRid	e Rd.	
14. FATHER'S NAME First	Middle Lost	15.	MOTHER'S MAIDEN NAM	ME Firs	st	Middle		Lost
Andrew	Hinchliffe			An)Y		R	Rhodes
16a, WAS DECEASED EVER IN U.S. ARMED Yes not or unknown) (If yes give wor or	r dates of service)		FORMANT Willie Wad	1.	C	Address ame as]	17	
Yes, na, or unknawn) (If yes give war or NO	119_26_397	76	millie Hau	ıe.	10	ante as .		KIMATE INTERVA.
18. CAUSE OF DEATH (Enter only o	ane cause per line for (a), (b), and, (c))	1 1	1 1	1.	1			ONSET AND DEATH
PART I. DEATH WAS CAUSED BY	CAUSE (a) Cevely	al /	Ktastuz	110	hez.	1624	35	1 A42
1.1.1. + X	DUE TO, OR AS A CONSEQUENCE OF		/	1 1	111	1.1		21-1
Canditions, if any, which gove) fise to immediate cause (o),	(b) Adenoc	aven	10m6 of	J.	1 byle	el Co	12	rear
stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF							
last.	(t)	<u></u> .						
	TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DISEASE	ORCO	NDITION GIVEN IN	N PART 1(o)		
8 10 4					Leas in			
19a DATE OF OPERATION 19b. COM	NDITION FOR WHICH OPERATION WAS PER	RFORMED	20a AUTOPSY?		CAUSES OF	S, WERE FINDINGS F DEATH?	CONSIDERED IN C	CERTIFYING
	Tour or allows	101	1	0 7			1	
	216. TIME OF INJURY HOUR A.M. Manth Day Year	216 40	W INJURY OCCURRED ((Enter n	nature at injuty i	n Part 1 ar Port 2	, Item 18.)	
a (If either, notify medical examiner)	P.M. 19				4.	-		· · ·
While Nat while at work	ACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	10kt, j 21t 10k	ATTON Street or K.F.D). No.	City or	lown	County	State
at work ot work	1. 2.15 -0.41.1/1.	16	TW.	10/	7/ 10 / 2	~ 12 1	0/ (+ha	4 (I) () h
saw-The deceased alive	haspital) attended the decease	ed frome	that in (my) (our)	_عي⁄دا apini	ion death acc	urred on the d	tate and haur	i and from the
(auses stated abave,)	(we)(did)(did nat) view the l	body after d	eath.	,			1010 0110 11001	5114 174111 1114
22H. SIGNATURE////	011111	1	ATTENDING	. MEC	<u> </u>	STAFF 🖂 22c	. DATE SIGNED	
TI Illund	(Mentiter.	M/ DEGRE	E PHYS	DIR		HYS 🔲		
22d PMYSICIANS NAME(Type) Willia	m C. Weintraub	, , , , , ,	22e. ADDRESS	1+	Profeni	.Bg Green	holt Md	
MAINT (13be) HTTTTC							TOCIC MU	
230. BURIAL, CREMATION, 23b DAT				- 1	23d. LOCATION	` ' '	(County)	(Stote)
			Cemetery			Manor I		. Md.
24. FUNERAL DIRECTOR F. Gasch's Son	s Hyattsville, Ma	rvland			REGISTRAR	2Sb. REGISTRAR		1
		0	DATE	UU	T16 19	168 gc	liantes &	MARKE



Item23a FilmG406	DIVISION OF VITAL RECORDS,	STATE DEPARTMENT OF H	EALTH MORE MARYLAND 21201	
14973	C	ERTIFICATE OF DEATH	money manifest 2 (20)	14983
1. DECEASED NAME First (Type or print) James		Lost Waiters	20 DATE OF DEATH Month Dov 10 27	Yeor 5:50 M
3. SEX Male	4. RACE Negro	5. DATE OF BIRTH 1/22/1923	0 7102 ()0012	IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS MEN
7a BIRTHPLACE (State or fore-gn country)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	COUNTY OF DEATH Prince Georges	Md
10 CITY OR TOWN OF DEATH Glenn Dale	11 NAME OF HOSPITAL OR INST give treet address Glenn Dale	ITUTION (If not in hospital 120. USUAL during mosuring mo	OCCUPATION (Kind of work done st of working life, even if retired.)	12b KIND OF BUSINESS OR INDUSTRY unknown
130 USUAL RESIDENCE (Where decease odmission) STATE	sed lived, if institution: Residence before	13c. CITY OR TOWN ISd. INSIDE CITY LIM Vash., D.C. YES X NO	130. STREET AND NUMBER	
14. FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME Fir		Lost
Unkno		Unknown O. 17, INFORMANT	Address	
	war or doles of service unknown	D.C.General Ho	***************************************	
190. DATE OF OPERATION 196. C	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) NOTIONS CONTRIBUTING TO DEATH BUT NO	FORMED 200. AUTOPSY? YES 🛣 NO 🗌	PODITION CAYN IN PARTICULATED SOME PARTICULAR PROPERTY OF THE	t cerebral in- loscierosas
OR CONTRIBUTING CAUSE OF DEATH	TH HOUR A.M Month Day Year iner) P.M. 19	21c. HOW INJURY OCCURRED (Enter ORY) 21f LOCATION Street or R.F.D. No.	nature of injury in Part 1 or Part 2, 1te	County State
While Not while of work 22a. I certify that the saw the deceased of causes stated above. 22b. SIGNATURE 22d. PHYSICIAN S. NAME (Type)	nis haspital) attended the decease alive an 10/27/19 e, (Re(we) (did) (dicknot) view the base of the last of the l	d fram 3/20/ , 19 6	B, ta 10/27/19_ hian death accurred an the date ED. RECTOR STAFF 22c DA RECTOR PHYS 16/ Ann Dale Hospital him Dale, Maryland 23d LOCAT ON (City or Town)	68, that the (we) last and hour and from the ATE SIGNED 27/68
24. POWERAL DIRECTOR STEELS	and Juneral ADDRESS	ny Memorial Parl Rd Nov Bennand A DATE NOV	REGISTRAR 2Sb REGISTRAR S SI	Can Under



14974

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

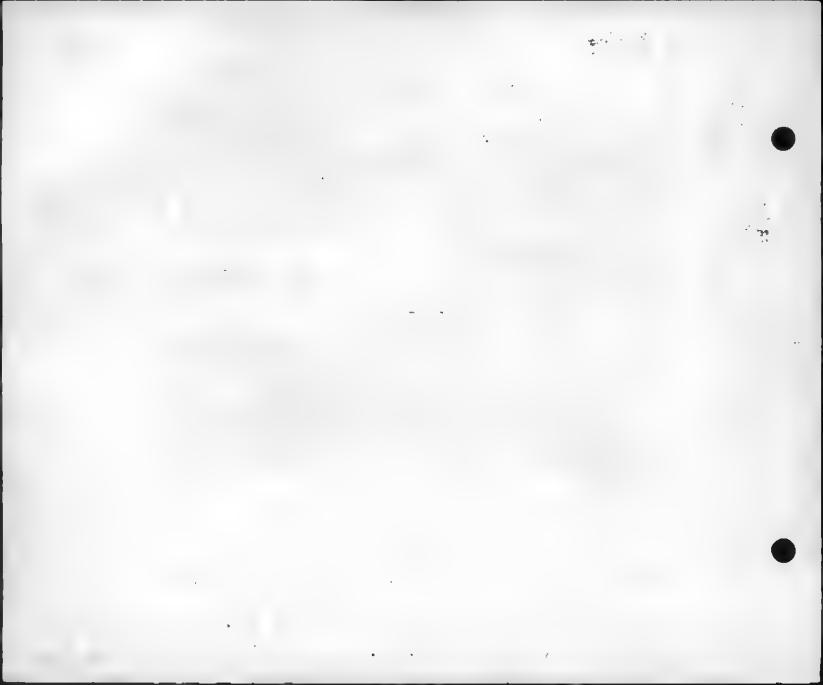
14984

CERTIFICATE	/ 1.	
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if inn tution Residence	
a COUNTY PRINCE GEORGES MARYLAND	o. STATE VIRGINIA	rfax
b CITY OR TOWN (If outside carporate limits, C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest fown)
AND REWS'd Ave peored town)	Fairfax 22030	
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d STREET ADDRESS	e iš residėnce On a farm?
MALCOM GROW USAF HOSP	9126 Glenbrook Road	YES NO
NAME OF First Middle	Last 4 DATE Month	Doy Year
(Type or print) SARAH J	WEST OF DEATH Oct. 20,	1968 19
	8 DATE OF BIRTH 27 Nov 1911 9 AGE (In years IF UNDER 1 Manths Manths	YEAR IF UNDER 24 HRS Days Hours Min
0a. USUAL OCC. PATION (G ve kind of work dane upon most of working the even if retired) BUSINESS Manager 10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State, or foreign country) Pennsylvania	ZEN OF WHAT NTRY? USA
3. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
Samuel K. Webster	Ethel Klevetank Marie Hoo	d
	INFORMANT ank T West 9126 Glenbrook Rd,	Fairfax, Va
18 CAUSE OF DEATH (Enter only one cause per ne far (a), (b), and (c))	-	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY METASTATIC CARCIN	OMA	ONSET AND DEATH
// 7 / DUE TO		
Conditions, if any, which gave his to immediate cause (a), (b)		
stating the underlying cause DUE TO		
las1. (c)		Lio ilia di Pari
PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	PERFORMED?
5 /		ON XXS3Y
OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part II of item 18.)	
	ACE OF INJURY (Hame, farm tory, street, affice bldg., etc.)	nty) (Stote)
21. I certify that (W (this haspital) attended the deceased fram saw the deceased live an 200 CT. 1905 and that	17 July 19 68 to 20 001, 196 It death accurred at Ook M, fram causes and an the	that (I) (we) la: e date stated above
220 SIGNATURE DATZ i mi had .	U PHYS L DIKELIGK L PHYS L	oct 68
22c. PHYSICIAN'S GO. HATZIMIHALIS, M.D.	ANDREWS AFB, WASH D.C.	•
230 BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR	CREMATORY 23d LOCAT ON (City or Town) (County) (State)
Burial 10/23/68 Arlington 1	National Cem., Arlington, Vi	
24 FUNERAL DIRECTOR ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR S SIG	
Falls Church, Falls Church, Va.	DATE OCT 2 2 1968 20 Clians	Can Quedar

executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon page director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon page shauld be filed with the State Dept. af Health priar ta burial, crematian, or removal, and in any event, within TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Beath certificate. Noge 4 may be retained by the hospital or attending physician.

e funeral death.

VR A15 (4) 25M 1/67



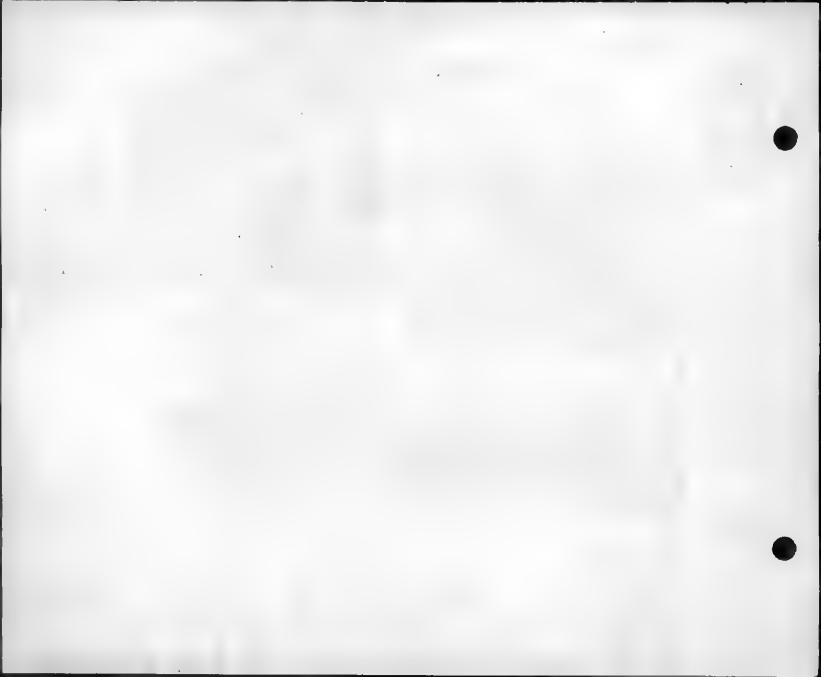
24 hours ofter death requires that the death certificate be executed within buriol-transit permit. O FUNERAL DIRECTOR: After this certificate has been use as the of Health p director, page 3 should be detache should be filed with the State Dept. DECEASED NAME

(Type or print)

3. SEX

Conditions if any, which gave rise to immediate couse (a). stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Parkinsonism 19a, DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBLTING CAUSE OF DEATH (If either, notify medical examiner) 21d. INJURY OCCURRED While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram 100, 1934, to 007291968, that (I) (we) last saw the deceased alive an 00721988, and that in (my) (ver) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (aid) (did not) view the bady after death. PHYSICIAN'S NAME (Type) 23a BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVA, (Specify) O'vet Sevetery Vashi rato. Sp 4 M 250 RECD BY REGISTRAR 25b REG STRAR S SIGNATURE NOV 8.134 Ga. Aver. 1e

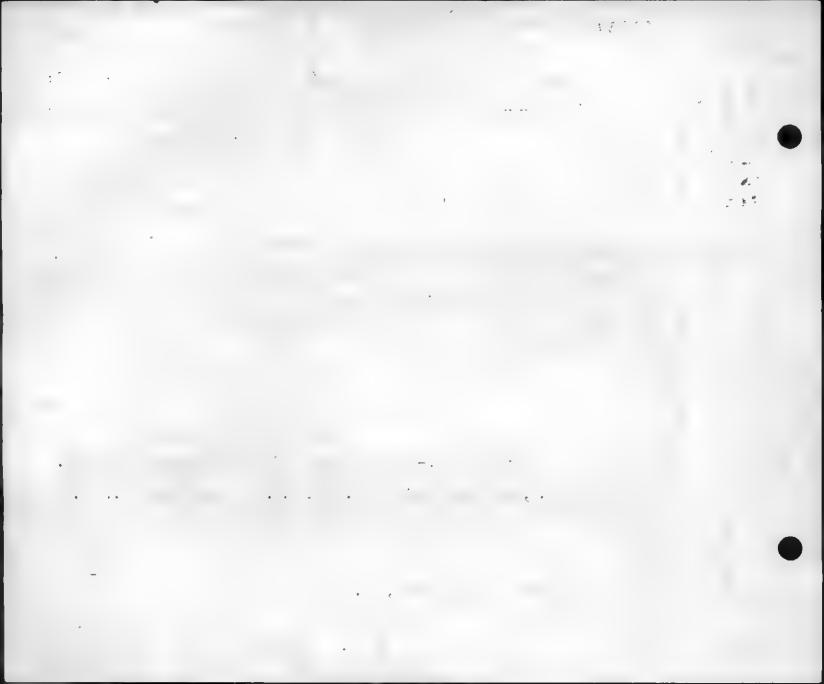
VR A15 (4)



Marles

Wilhelm Funeral Home 4308 Suitland Rd. S. E.

VR A15ME (5) 10M REV 1/68



the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner O DEPUTY DICAL EXAMINER: This certificate should be executed within necessary, please execute the certificate, writing the ward "pending" in pencil

TO DEPUTY

VR A15ME (5)

1497

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14987

	1200	•	MEDICA	L EXAMINER'S (CERTIFICATE	OF DEA	AIH		
	ECEASED-NAME	First		Middle	Lost		20 DATE KNOWN Month	Doy Year 2b HOU	R
1	Type or Print)	France	es	Louise	Wood		DEATH MATED St 10-	15-681910:00a	₩
3 5	EX	4. RACE	5 DATE OF BIRTH	6, AGE (in years	3 IF JADER 1 YEAR	# UNDER 24	1 HRS 24 DATE PRONOUNCED DEAD	2d HOU	
F	Temale	White	2-1-191	5 ost birmday]	RS MONTHS DAYS	HOURS	Month Day	68"19.2: BOpm	M
70 1	RIPTHPLACE (State		CITIZEN OF WHAT	COUNTRY? 8. N	MARRIED NEVER MAR	RIED	9. COUNTY OF DEATH		
coun	Texas		USA	WI	IDOWED DIVO	RCED 🔲	Prince George's	,	Mi
	CITY OR TOWN O	DEATH		E OF HOSPITAL OR INSTITUTION	ON (If not in hospital		UA. OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR	Ī
	Hvattsv	rille	830	et oddress) 3 Fremont Pla	ace	during r	most of working life, even fretired)	Home	
	USUAL RES DEN	CE (Where deceases	d lived, if institution	on Residence before 13c. Cl	TY OR TOWN 13d	INSIDE CITY LIA	M TS? 13e STREET AND NUMBER		_
01	dmusson) SIATE Maryla	ind	Prince (George's Hya	attsville	YES 🔲 NO	8303 Fremont P	lace	
14. F	ATHER'S NAME	First	Middle	Lost	15. MOTHER'S MAIL	DEN NAME	First Middle	Lost	Ī
		Harold	Smith		Will	ie V	Vaughn		
160	WAS DECEASED EV	ER IN U.S. ARMED FO		66 SOCIAL SECURITY NO	17. INFORMANT		ADDRESS		m.e
- {1	res, no, or unknow	O (17 yes give wo	or or dates of service)	77 24 5263	Walter H	Wood	Hyattsville,	Md.	
				for (o), (b), and (c).)				APPROX.MATE INTERVAL BETWEEN ONSET AND DEATH	ĺ
	PART I. C	EATH WAS CAUSED	BY. E (AUSE (o) AS	phyxia					
	103 X DUE TO, OR AS A CONSEQUENCE OF Hanging								
	[Conditions, if ony, which gove]								
	nse to immediate couse (a), (b) stoting the underlying couse (b) DUE TO, OR AS A CONSEQUENCE OF							Ī	
	lost.								
	PART 2 OTHER	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							Ī
Z.	174)	X					.,		
AT ON	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPI				PERATION	ERATION			
CERTIFICAT				WAS PERFORMED?				YES 😿 🚻 🖂	
	2 o EXTERNAL			JURY Month, Doy, Year	21c. HOW INJURY OCC	CURRED (Ente	er noture of injury in Port 1 or Port 2, lte	em 18.)	_
2	PRIMARY 50 0	R CONTRIBUTING	HOUR A.M.	10-15-19 68	Hung sel	f in l	basement of home.		
MED	21d NJURY OC	CURRED 21e, PL	ACE OF NURY (At	home, form, street,	21f LOCATION Street o	of RFD No.	C ty or Town	County State	
	AT WORK	ot white Bas	ory, office building, ement of	home	same as	#13			
				remoins described abo			Inspection 🗷 , Inquiry	and in my apinia	חו
	death resulted frame Natural couses Accidental, Suicide Z, Homicide . Undetermined manner								
	CHIEF MEDICAL EXAMINER								
	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER (22b. DATE							SIGNED	
	EXAMINER'S	111			171. ()			16-68	
	NAME (Type)	John Ke	hoe MD	Riverdale,			city, town, or county)		
230	BURIAL, CREMA	T ON, / 23b, I		23c. NAME OF CEMETE				(County) (State)	
	REMOVAL (Spec	II / Oct	18, 196	8 Ft Linco	ln Cemeter	y	Colmar Manor, Pr	o Geo Md.	
24.	FUNERAL D.RECT		1 . 0	ADDRESS		25o. REC D	BY REG STRAR 2Sb. REG STRAR S		
		F. Gasch	's Sons	Hyattsville	, Md.	DATE OC	T 2 1 1968 RClion	vlas Judge.	



14978 1. DECEASED-NAME (Type or print) 3. SEX Female 70. BIRTHPLACE (Stote or for country)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FICATE OF DEATH

			CERTIFIC	AIE OF DEATI				00
I. DECEASED-NAME	First	Middle		Lost	20. DATE (44 4 6	W	2b. HOUR
(Type or print)	Mary	A.	Wood	worth	Oct.	Month 16,	oy 1968°	10:30
SEX	4. RACE			S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS ANN.
Female	Cauc	asian		Jan. 1,	1884	last birthday) 84 YRS		anuit) min.
. BIRTHPLACE (State or fore	ign 7b. CITIZEN OF 1	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY (OF DEATH		
Ill.	U. S.	A.	WIDOWED		Princ	e George's		Me
O. CITY OR TOWN OF DEATH	giv	NAME OF HOSPITAL OR I e street oddress) ince Geo. G		during	ISUAL OCCUPATION	ON (Kind of work done life, even if retired.)	12b, KIND O	F BUSINESS OR
Cheverly lo. USUAL RESIDENCE (When	e deceosed lived, if instit	ution: Residence befor	e 13c. CITY OR	SULLAL		STREET AND NUMBER		
dmission) STATE Maryland	13h COUNTY	George's		111age YES	NO 28	318 74th Av	remue	
4. FATHER'S NAME First		Lost		MOTHER'S MAIDEN NAM		Middle	C-MUC-	Lost
Thomas Voyle	8			Ella ??				
60 WAS DECEASED EVER IN	U.S. ARMED FORCES?	16b. SOCIAL SECURIT	Y NO. 17. I	NFORMANT		Address		
Yes no, or unknown)	f yes give war ar dates of service)	213 56 8	602 P	auline Frat	antuono	Same as	# 13	
	Enter only one couse per						APPROX	XIMATE INTERVAL ONSET AND DEATH
PART I. DEATH WA	S CAUSED BY:	Hypolen					BCIANTEL	UNSEL AND DEATH
402	IMMEDIATE CAUSE (a)	R AS A CONSEQUENCE O				0		
Conditions, if ony, which				accident	Complex	Ihrou b	25.	
rise to immediate cou	se (o), ((b)	AS A CONSEQUENCE C		acaucea	- COTE OX	7477 1000	, ,	
stoting the underlying	(c)	Hybu L		House .	Diseas	e.		
_	ANT CONDITIONS CONTRI			11.000				
1442 V	ANI CONDINONS CONTIN	DOTING TO BEALLY BOT	HOT KERTED TO	THE PERMINAL DISCHOL	OKCONDITION OF	in in inci itol		
190. DATE OF OPERATION	196 CONDITION FOR V	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			200. AUTOPSY? 20b. IF YES, WERE FINDINGS			
E I I I I I I I I I I I I I I I I I I I	310, 4110,1110,11					S OF DEATH?		
190. DATE OF OPERATION	IDERLYING 21b. TIME	OF INJURY	21c. HG	YES NO		iury in Port 1 or Port 2	. Item 18.1	
	ISE OF DEATH HOUR A.N	1. Month Doy Yes	10	(-		1	,	
OR CONTRIBUTING ☐ CAU OR CONTRIBUTING ☐ CAU OR CONTRIBUTING ☐ CAU OR CONTRIBUTING ☐ CAU OR CONTRIBUTING ☐ CAU OR CONTRIBUTING ☐ CAU		Y AT HOME FARM STREET.	19 FACTORY, 1 211 1 C	CATION Street or R.F.D.	No G	ty or Town	County	Stote
While Not while at work	1	OFFICE BUILDING, ETC.	7	CHILDS SHOOT OF KILLS.	110.	, o. 10411	coonly	31010
22a L cortifu that	(1) (this basnital) as	ttanded the decor	end fram	1a+ 8 1	0 4 Q 4 Q	Oat 16 1	0 69 tha	t AH (wa) las
saw the dece	(this haspital) a	+ 16	_196.8, one	that in (my) (our)	opinian death	accurred on the c	late and hour	r and from the
causes stoted	obove (We) (die	d) (did nat) view th	e body after a	leath.				
22b. SIGNATURE		1/		ATTENDING -	MED.	FTAFF	. DATE SIGNED	
	1/ all	and	DEGR	EE PHYS.	DIRECTOR	STAFF XX OC	et. 16,	1968
22d. PHYSICIAN'S				22e. ADDRESS		/e		
NAME (Type)	hannes Saha	kyan, M. I)	Prince Ge	eo.Gen'l	Hospital	Cheverl	y, Md.
30. BURIAL, CREMATION,	23b. DATE	23c. NAME C	F CEMETERY OR	CREMATORY	23d. LOCA	TION (City or Town)	(County)	(Stote)
BULLET (Specify)	10/19/68	Bethe	1 Cemet	ery	Dahl	gren	I	11
24. FUNERAL DIRECTOR		ADDRE			D BY REGISTRAR	2Sb. REGISTRAR		
France's Gas	sch's Soms	Hyattsvi	lle, Md	• DATE	OCT 21	1968 800	ionles &	udge

VR A15 (4) 30M REV, 1/68 **JWD**

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and calinectar, page 3 shauld be detached far use as the burial-transit permit. Then please respectively be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in unit

capacitely filled in tave carbon papers.

-1 . (2 . 3.0) (3.00.00) . (4.00.00) Someoniae and and and account a freshold social to the same of the same The part of the best of the bound of the bou terplant "rince tenents are titlent to the Author El de la esta altre de la la la companya de la comp - 190 Well of the st Allegands, being and I have not souther the in the medical enclared resease are to the color of the state of the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16473 14979 -CERTIFICATE OF DEATH L. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Month Baby Girl Yasler Oct. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years JE UNDER 1 YEAR within 24 hours ofter lost birthdoy) MONTHS DAYS HOURS MIN 22 Oct., 1968 Female White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland WIDDWED [DIVORCED | Pr. Geo. within 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) Pr. Geo. Gen., Hosp., Cheverly 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c, CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY YES remove 345 Melling Lane Maryland Geo. Bowie 14. FATHER'S NAME First Middle IS MOTHER'S MAIDEN NAME First Lost Lost ond in requires that the deoth certificate be Margaret Mullanv Scott Yasler pleose 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no. or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: eono orum Atalectasic IMMEDIATE CAUSE (a) DUE TO, OR AS, A. CONSEQUENCE OF Conditions, if ony, which gove) rema burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190: DATE OF OPERATION 20a. AUTOPSY2 CAUSES OF DEATH? YES V NO [O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY 0 OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work 22a. I certify that (# (this haspital) attended the deceased fram Oct. 22 , 19 68 , ta Oct. 22 , 19 68 , that (1) (**) last saw the deceased alive an Oct. 22 19 68 , and that in (my) (**) apinian death accurred an the date and haur and fram the causes stated above, (**) (we) (did) (**) (we) (view the bady after death. be retoined 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 12107 Linden Lane, Bowie, Md. 20715 John H. Moling, M. D. 23o. BURIAL, <u>(REMATION</u>, REMOVAL (Specify) 23c. NAME OF CEMETERY DR CREMATORY 23d. LDCATION (City or Town) (County) 23b. DATE (Stote) 11/23/68 Cheverly, Maryland Prince Geo. General Hosp. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL OKECTOR ADDRESS HARRING BENN, JR.

il care to the parties to the terms of the t The Mine and American epole tile ffilt 1884, ...ev.m (Setemb register discounting the many AUGUST STATE OF THE STATE OF TH